

Utrecht University

Evaluation of local welfare policies

Institutionalization of the allocation of care responsibilities

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Preface

This thesis concludes my Master program *Social Policy and Social Interventions* at the University of Utrecht. Writing my master thesis was a learning experience in the fullest sense. This master thesis could not have been completed without the assistance of the following persons. My expression of thanks begins without doubt by thanking all clients who wanted to participate in this research and who received us with great hospitality. Most clients did share with us their live experiences. A special note of thanks to Marcel Hoogenboom, Wouter Smink and Frank Meijer for their guidance. Last but not least, I would like to thank Anjes Schuermans, Margot Scholte, Niek Hoek and Joren Mulder for their support and guidance throughout the whole process.

Contents

Summary	5
1. Introduction	6
2. Theoretical framework	8
2.1 Institutionalism	8
2.1.1 What are institutions?	8
2.1.2 Sociological institutionalism.....	9
2.1.3 Institutionalism in organizational analysis.....	9
2.2 The three pillars of institutions	10
2.2.1 The regulative pillar	11
2.2.2 The normative pillar.....	11
2.2.3 The cognitive pillar	12
2.3 Varying levels of organizational theories	13
2.3.1 Four lines of theory in organizational analysis	13
2.4 Micro level theories regarding the normative pillar	14
2.4.1 The socialized actor theory and the social identity theory.....	14
2.4.2 Obligations and expectations	15
2.4.3 Norms and motivation.....	15
2.4.4 Norms and self-reliance	16
2.5 Micro level theories regarding the cognitive pillar	17
2.5.1 Ethnomethodology and The Social Construction of Reality	17
2.5.2 Cognitions regarding paternalism	18
2.5.3 Cognitions and motivation.....	19
2.5.4 Cognitions and self-reliance	19
2.6 The regulative pillar and the self-determination theory	20
2.7 Determinants of norms, cognitions and behavioural regulation.....	21
2.7.1 Perceived support and norms	21
2.7.2 Personal characteristics and norms	22
2.7.3 Personal characteristics and cognitions	24
3. Research design.....	26
3.1 Research questions	26
3.2 Research method.....	26
3.3 Research population	27
3.4 Operationalisation.....	27
3.5 Hypotheses and expectations.....	30
3.6 Analytical strategy	30
3.7 Assumptions	31
3.7.1 Tests of normality	31
3.7.2 Internal consistency of the dependent variables	32
3.7.3 Assumptions regarding regression analyses	33
3.8 Reliability and validity	34
4. Results	35
4.1 Sampling method, non-response and representativeness	35
4.1.1 Sampling method	35
4.1.2 Non-response	35
4.1.3 Representativeness.....	36
4.2 Descriptive statistics	36

5. Conclusion.....45

 5.1 Research questions.....45

 5.2 The three pillars of institutions45

 5.3 Recommendations practice47

 5.4 Recommendations further research.....47

Bibliography.....49

Annex 1: Questionnaire.....

Annex 2: Sources of survey questions

Annex 3: Descriptive statistics with regard to normative solidarity

Annex 4: Descriptive statistics with regard to cognitions.....

Annex 5: Descriptive statistics with regard to behavioural regulation

Annex 6: Results of the regression analysis.....

Annex 7: Representativeness

Summary

This research is done on behalf of a welfare agency. It is a quantitative research regarding the willingness and perceived ability of clients to become self-reliant. The government expects citizens to become more self-reliant as they can rely on family, friends and neighbours for support. This research will examine whether these expectations are realistic and will reveal the boundaries of policy changes regarding the *civil society*. In order to find answers regarding this question, institutional theories are used.

The institutional theory regarding the three pillars of Scott (1995) emphasizes the regulative, normative and cognitive aspects of institutions. The *regulative* pillar emphasizes the regulatory aspects of institutions as institutions restrict and determine behaviour by means of rules, laws and sanctions. The *normative* pillar emphasizes normative rules that introduce a prescriptive, evaluative and obligatory dimension into social life. The *cognitive* pillar emphasizes taken for granted beliefs as rules that make up social reality. This macro theory of institutionalism is transformed into a micro theory applied to clients of welfare agencies.

A structured questionnaire which included questions regarding normative solidarity, paternalistic cognitions and behavioural regulation was developed and conducted. Results indicated that social workers did not use coercive power in order to obligate clients to become self-reliant. The normative aspect of institutions had the most impact on the willingness of clients to become self-reliant, whereas, paternalistic cognitions did not have an impact on the willingness and perceived ability of clients to become self-reliant. As the majority of clients did mention to be motivated to be self-reliant, other reasons for clients to rely on social work has to be examined. As less care responsibilities are placed upon family, friends and neighbours a civil society seems to be unrealistic.

This research is conducted in cooperation with four other students of the master program *Social Policy and Social Interventions* at the University of Utrecht. A common conceptual framework was developed in order to answer the research question which was commissioned by a welfare agency. Each of the master students wrote their own thesis with their own research questions as each one examined another part of our main conceptual framework. Cooperation was necessary as we made use of the same concepts and developed one questionnaire.

1. Introduction

European welfare states are under pressure to reform their institutional arrangements due to socioeconomic changes. According to Van Kersbergen (2000), the social and economic conditions in favour of welfare state development, as well as, the underlying assumptions upon which social policies were developed are no longer valid. There are concerns about the capacity of governments to intervene in the economy and to provide social services under the current socioeconomic circumstances. Policy reforms go along with changing forms of social justice since, nowadays, rights are associated with social obligations (Giddens, 2007). State intervention is declining and more responsibility is placed upon the *civil society*.

Traditionally, the Dutch welfare system had the characteristic features of *paternalism* and *generosity*: “the strong (or fortunate) are expected to care for the weak (or disadvantaged) through charity or state action and for the sake of social harmony benefits had to be generous” (Vis, Van Kersbergen & Becker, 2008: 336). Nowadays, reforms in social security and activation policies are implemented. The questions what we might expect of the welfare state today and which tasks the government can and should perform are of more importance than ever, even after more than thirty years of incremental changes (WRR, 2006: 35).

This master thesis concerns policy changes regarding social work in the Netherlands. Policy changes in the social domain are aimed at: (1) placing more responsibility upon citizens; (2) reducing costs; (3) stimulating more effective and efficient support; and (4) increasing participation in society. Policy reforms go along with ideological assumptions and require a different attitude of citizens. Earlier, citizens could rely on municipalities, social welfare organizations and social professionals when facing social problems. Nowadays, the national government expects citizens to be self-reliant. Citizens are expected to rely on their social network when problems occur. Only when citizens cannot find support in their own social network, they can rely on the assistance from municipalities and welfare organizations as a last

resort. The implementation of the Social Support Act (WMO) in 2007 is a first step towards this movement. The intention is that the *civil society*, and not the government, will provide the necessary support.

For many years, clients of welfare agencies were supported by social professionals. These days, clients are told that they have to try to solve their own problems and are asked whether they know anyone, in their own social network, who could help them. Clients will not be satisfied when they are told that their previous support will disappear. They may assume that this social assistance is part of their right, after years of habituation. For many years, clients could rely on social work without much effort. Governmental support may be taken for granted and clients may still assume that social support is a task of the government. Thinking in ‘old terms’ may constrain clients to take responsibility in solving their own problems. Clients will have to get used to the new approach and a different attitude of clients is demanded in order to be more self-reliant. Is it possible for clients to make this shift in their state of mind? How do clients think about the allocation of care responsibilities?

Thinking in ‘old terms’ with regard to responsibilities has to be taken into account as it may support or undermine policy objectives. This master thesis will use institutional theories as they provide answers to the questions “how social choices are shaped, mediated, and channelled by institutional arrangements” (DiMaggio & Powell, 1991: 2). It is important to find out how institutions may constrain human action and how changes might be triggered in order to effectuate the ideological assumptions underlying policy reforms.

2. Theoretical framework

2.1 Institutionalism

In this thesis, institutional theories are used as a framework in which perspectives on the relationship between institutions and human action are explored. Different disciplines have engaged in the structure-agency debate and tried to explain, from their point of view, how institutions may guide human action. Early institutional thinking took place in economics, political science and sociology. Differences in ontological assumptions of how we understand reality and different assumptions of how actors make choices generate much confusion and inconsistency among and within scientific disciplines (Scott, 1995).

2.1.1 What are institutions?

There is no agreement on the definition of the concept *institution* and various definitions exist. Reasons for this ambiguity are that most institutional scholars do not go beyond their definition of the concept. Moreover, institutionalism itself has different meanings in different disciplines (DiMaggio & Powell, 1991). The definition of the concept is dependent on whether emphasizes is put on the micro- or macro-features of institutions and whether emphasizes is put on social obligations or taken for granted aspects of institutions.

Institutional theories in economics and politics conceive institutions as “the products of human design” and “the outcomes of purposive actions by instrumentally oriented individuals” (DiMaggio & Powell, 1991: 8). Sociologists do agree with the notion that institutions are the result of human action, however, they believe that institutions are not necessarily the products of *conscious* behaviour. Differences in perceptions of how actors make choices will influence the definition of the concept *institution*.

In his institutional theory, Jepperson (1991) starts by describing different examples of institutions to show the large variety of institutions. Some of these examples are: *marriage*, *handshake*, *insurance* and *voting*. Based on these examples, Jepperson defines the concept *institution* as a “social order or pattern that has attained a certain state of property” (Jepperson, 1991: 145). These social orders or patterns contain a particular reproduction process as they are self-activating social processes. Taking this self-activating process into account, institutions are not reproduced by *action*. According to Jepperson, one takes action by departing from these patterns, not by participating in them. With regard to our research, this self-activating process is

relevant as thinking in 'old terms' regarding responsibilities may continue when clients or social workers do not take action by departing from certain expectations or beliefs.

A social order or pattern can be regarded as *institutionalized* when “departures from a social order or pattern are counteracted in a regulated fashion, by repetitively activated, socially constructed controls, that is, by some set of rewards and sanctions” (Jepperson, 1991: 145). According to Jepperson (1991), *institutionalization* is a relative concept. Whether a practice is an institution is (1) relative to particular contexts; (2) relative to particular dimensions of a relationship; and (3) relative to centrality. The main point here is that “the same term, in a different reference, may, or may not, denote an institution” (Jepperson, 1991: 146).

2.1.2 Sociological institutionalism

In this research, the concept *institution* will be defined according to the sociological approach. Sociologists developed cultural explanations and broke down the distinction made between institutions and culture. According to sociological institutionalists, institutions are much more than formal rules, procedures or norms. Institutions also include “symbol systems, cognitive scripts, and moral templates that provide the frames of meaning guiding human action” (Hall & Taylor, 1996: 947). Taking this perspective into account, culture itself is regarded as an institution. A sociological approach is chosen because of its emphasis on institutions as *independent variable*. In this research, the welfare state will be regarded as a set of institutions which may have an impact on the dependent variable: self-reliance of clients.

2.1.3 Institutionalism in organizational analysis

Sociological institutionalism developed mainly within the research area of organizations. Therefore, institutionalism in organizational analysis has a lot in common with the underlying assumptions of sociological institutionalism.

Organizational theorists regard organizations themselves as institutional forms: “organizations to a variable extent and over time, are transformed into institutions” (Scott, 1995: 18). Goals and/or procedures of organizations become institutionalized as they “tend to achieve an established, value-impregnated status” (Scott, 1995: 18). Organizational theorists argue that behaviours and structures which are institutionalized are harder to change than those which are not institutionalized (DiMaggio & Powell, 1991). Selznick (1957), a well-known author in the field of organization theories, defines *institutionalization* as a process:

It is something that happens to an organization over time, reflecting the organization's own distinctive history, the people who have been in it, the groups it embodies and the vested interests they have created, and the way it has adapted to its environment. (Selznick, 1957: 16)

According to organizational theorists, the context in which social action takes place constrains and shapes outcomes. So, organizations, as products of human action, are less instrumentally rational as the institutionalization process constrains the options they can pursue. The main message in this literature is that the institutionalization process contributes to the deviation of organizational goals in order to survive and grow (Holmqvist, 2012). If certain processes are institutionalized in welfare agencies, these institutionalized procedures may contribute to the dependency of clients in order, for welfare agencies, to survive and grow. According to Scott (1980), the preservation of the organization itself is a vital factor when analysing the behaviour of organized social welfare agencies.

2.2 The three pillars of institutions

Scott (1995) identifies three somewhat divergent conceptions underlying institutional theories. Besides differences in their underlying assumptions concerning the nature of reality and the logic of social action, differences exist among their priorities on different institutional elements. Institutional scholars vary in their emphases on institutional elements, carriers of institutional elements and levels of institutional elements (Scott, 1995).

Scott (1995) defines *institutions* in relatively broad terms. According to Scott, “institutions are multifaceted systems incorporating symbolic systems - cognitive constructions and normative rules - and regulative processes carried out through and shaping social behaviour” (Scott, 1995: 33). Regulative systems, normative systems and cognitive systems are the elements underlying or supporting institutions. Various scholars have emphasized one or another pillar as central instead of giving each institutional pillar equal weight.

2.2.1 *The regulative pillar*

The regulative pillar is based upon “a *social realist* ontology and a *rational choice* logic of action” (Scott, 1995: 49). When focusing on the regulatory aspects of institutions, institutions restrict and determine behaviour by means of rules, laws and sanctions (Scott, 1995). Institutional thinking with emphasis on the regulative pillar takes place mainly within economics. According to economic institutionalists, individuals behave instrumentally and expediently as they try to pursue their self-interest. Norms and institutions affect behaviour as they modify individuals’ calculations regarding rewards and penalties. The state, organizations and individuals themselves may create rule systems, whether in the shape of informal norms or formal rules and laws. Individuals will behave according to these rules as it is in their interest to conform, but they might disagree about their fairness and/or properness.

2.2.2 *The normative pillar*

The normative pillar is placed somewhere between the regulative pillar and the cognitive pillar, although it has more in common with the cognitive pillar than the regulative pillar. The normative pillar includes both *values* and *norms* in society. These values and norms can be applied to all members of a community, but can also be applied to selected groups of individuals. Normative beliefs about appropriate action for particular individuals are termed *roles* (Scott, 1995). According to a normative view, all institutionalized behaviour includes roles. Roles can arise formally and informally. It arises formally as social positions go along with certain expectations of behaviour and it arises informally as expectations are constructed, over time and during interaction, to constrain behaviour. Normative rules “impose constraints on social behaviour, but at the same time they empower and enable social action” (Scott, 1995: 38). In contrast with the regulative pillar, individuals do not conform because it is in their interest to conform, but because they are expected to do so. Instead of wondering what someone’s interest is in a particular situation, individuals are wondering what behaviour is expected given his or her role in this particular situation. Emphasis on the normative aspects of institutions takes place mainly within sociology.

2.2.3 *The cognitive pillar*

The cognitive pillar is based upon “a *social constructionist* set of assumptions and take a broader view of social choice and action” (Scott, 1995: 49). The cognitive pillar emphasizes the rules that make up social reality and the frameworks through which meaning is constructed (Scott, 1995). According to the cognitive view, symbols (words, signs and gestures) structure meaning and meaning arise in interaction, and are sustained and changed by ongoing interaction. Common frameworks of meaning contribute to the coherence of social life. When we want to understand or explain behaviour in a given context, we have to take into account the actor’s subjective interpretation of this context. Here the emphasis is on “*social identity*: our conceptions of who we are and what ways of action make sense for us in a given situation” is guiding our behaviour (Scott, 1995: 44). These symbolic frameworks can be regarded as internalized and subjective, but also as objective and external to individuals (Scott, 1995). Emphasis on the cognitive aspects of institutions takes place mainly within anthropology and is emphasized by organizational theorists.

According to Scott (1995), the three pillars may operate in mutually supportive and reinforcing ways. However, it is also possible that the regulative pillar will undermine normative rules and cognitive frames. In this research context, changes in the regulative system are implemented with regard to responsibilities. Whether the normative expectations and the cognitive assumptions of individuals change according to the underlying assumptions of the regulative pillar remains a question. In this research, I will use this integrated model of institutions as these different pillars themselves rest on fundamentally different assumptions. Taking this into account, a comprehensive theory will be outlined when I apply these pillars to our research. I will use these more socially embedded explanations of social action as a starting point in order to reveal thinking in ‘old terms’ with regard to care responsibilities.

2.3 Varying levels of organizational theories

The three pillars of institutions contains theories which are based on a macro level. In this research, the challenge is to apply these macro theories to our micro level of analysis. First, the varying levels of analysis in sociological institutionalism will be outlined according to the categorization of Jepperson (1991). Second, theories based on a micro level regarding the normative and cognitive pillar will be outlined and psychological theories regarding motivation and empowerment will be added to our theoretical framework. Third, hypotheses will be formulated and an integrated conceptual model will be constructed.

2.3.1 Four lines of theory in organizational analysis

Jepperson (1991) makes a distinction between sociological arguments based on differences in the degree to which units are regarded as socially constructed and differences in the levels of analysis. Jepperson (1991) identifies four lines of theory in organization analysis: (1) low order/high construction theories, (2) high order/high construction theories, (3) low order/low construction theories, and (4) high order/low construction theories. With low values on both dimensions, neither social content nor structure is admitted. These lines of argument consider organizations as ‘black boxes’ in which organizations are regarded as homogenous units.

According to Jepperson, *institutionalism* is based upon both *phenomenological* (high construction) and *structuralist* (high order) lines of arguments. Institutionalism departs from the reduction attempts of the other lines of theory in organization analysis and considers organizations themselves as embodied cultural theories. Institutionalism emphasizes high or macro order effects which may operate in a contextual or environmental manner in which rules or frames are the basic elements of social structure. It is our task to examine how these rules or frames might be perceived on an individual level.

A theoretical link between macro and micro levels of analysis will be missing as “the link between micro and macro levels of analysis has not received much explicit attention from practitioners of the new institutionalism” (DiMaggio & Powell, 1991: 25). Most institutional theorists move back and forth among “ethnomethodology, phenomenology and conventional resource dependence arguments” (DiMaggio & Powell, 1991: 25). I will further develop a theoretical framework based on a micro level of analysis.

2.4 Micro level theories regarding the normative pillar

2.4.1 *The socialized actor theory and the social identity theory*

Regarding the relationship between normative beliefs and behaviour, two theories about norms can be distinguished: the socialized actor theory and the social identity theory. The theory of the socialized actor is based on Parsons' theory of action (1951). This approach explains social order by the internalization of norms due to socialization processes. It defines norms as beliefs about how people should behave in a particular context, that becomes part of an individual's motivation through socialization. According to Parsons (1951), norms are *exogenous* and norms affect action as it becomes part of the preferences and goals of individuals. People's actions conform to the norms insofar as they believe that conformity is right and deviance is bad. The theory of the socialized actor emphasizes choice among possible actions and thus minimizes the importance of taken-for-granted beliefs (cognitive pillar) that constrain possible options.

According to the social identity approach, norms cannot be dissociated from their specific social context as norms arise in interaction. The aim of the social identity approach is to understand the internalization of norms and social patterns as part of the personality. Norms are not personal beliefs but are perceptions of what actions will lead others to validate an identity. In this perspective, people conform to norms to demonstrate to others and to themselves that they are a particular kind of person. This micro-level theory is a clear reflection of the concept *isomorphism* in macro-level theories regarding institutionalism. According to this theory, institutions have developed to become similar across organizations. In order for organizations to survive and grow, they need to establish *legitimacy* just as people want to demonstrate to others and to themselves that they are a particular kind of person.

These two theoretical perspectives define norms somewhat differently. The theory of the socialized actor suggest that norms should be defined as shared standards for evaluation, or as beliefs about which behaviour is appropriate or inappropriate. The social identity approach suggest that norms should be defined as shared perceptions about which behaviour will cause others to validate an identity of being a 'good' person.

2.4.2 *Obligations and expectations*

In this research, I am interested in *normative solidarity* towards different social groups as it is the ideological assumption of the Social Support Act to establish a civil society in which people can rely on each other for help. Normative solidarity is related to the normative aspect of institutions as it includes both *values* and *norms*. Normative beliefs about appropriate action (solidarity) towards family members, friends and neighbours might tell us something about the willingness of clients to rely on family members, friends and neighbours for help as normative rules may constrain or empower social action. The question is whether clients expect family members, friends and neighbours to provide support and whether they believe it is the right thing to do.

2.4.3 *Norms and motivation*

The *Theory of Reasoned Action* (Fishbein & Ajzen, 1975) tries to predict and explain behaviour by using the construct of intention. According to this theory, intentions to act are based on behavioural and normative beliefs. These beliefs may predict the intention of performing certain behaviour. The *self-determination theory* (Deci & Ryan, 1985) makes a distinction between two kinds of intentional behaviour, extrinsic and intrinsic motivation (Chatzisarantis & Biddle, 1998). Extrinsic motivation involves behaviour which is related to pressure, tension and decreases in enjoyment. Intrinsic motivation involves behaviour which is related to the experience of positive feelings and the absence of pressure. According to these theories, normative beliefs and the motivation to comply with such beliefs may determine the intention of performing certain behaviour. As normative beliefs predict intentions I assume that normative solidarity towards family members, friends and neighbours will predict the intention of becoming self-reliant as well. I do not know whether normative solidarity will influence the willingness of clients to become self-reliant in a positive or negative manner. When normative solidarity is high it might be a negative effect as clients expect family members, friends and neighbours to rely on each other for help instead of solving problems on their own. However, the government expects citizens to become more self-reliant if they can rely on family, friends and neighbours for help instead of social work. As self-reliance is also defined as being able to ask for support in this research, I expect a positive relationship between normative solidarity and the intention of becoming self-reliant. For this reason, our first hypothesis will be:

Hypothesis 1: *Normative solidarity towards family, friends and neighbours will positively influence the willingness of clients to become self-reliant*

2.4.4 Norms and self-reliance

The normative aspect of institutions is one of our independent variables. The question is whether norms with regard to solidarity may constrain or empower clients to become self-reliant. According to the theory of the socialized actor, clients will conform to the norm of solidarity towards family, friends and neighbours as they believe that helping each other is the right thing to do. This conformity goes along with expectations and obligations. Conformity might indicate that clients expect family members, friends and neighbours to provide assistance when problems occur. Conformity might also indicate that clients themselves feel obligated to provide support when family members, friends and neighbours encounter problems.

According to the social identity theory, clients will conform to the norm of solidarity towards family, friends and neighbours as they want to validate a particular identity. Conformity might indicate that clients want to demonstrate to others and to themselves that they can be regarded as a 'caring', 'loved one' person. It is also possible that clients will not conform to normative solidarity as they attach great importance to personal autonomy. How these perceptions may influence the perceived ability of clients to become self-reliant remains a question. I expect that normative solidarity will result in relying on family members, friend and neighbours for support, in so far, as it will enable clients to solve problems without professional help. For this reason, our second hypothesis will be:

Hypothesis 2: *Normative solidarity towards family, friends and neighbours will positively influence the perceived ability of clients to become self-reliant*

2.5 Micro level theories regarding the cognitive pillar

2.5.1 Ethnomethodology and *The Social Construction of Reality*

With regard to the cognitive pillar of Scott, DiMaggio & Powell (1991) identifies two lines of phenomenological thinking: the approach of Garfinkel (1967), called *Ethnomethodology*, and the work of Berger & Luckmann (1967), called *The Social Construction of Reality*. According to Garfinkel, norms are cognitive guidance systems that individuals use to ensure both themselves and those around them that their behaviour is reasonable. Social order is constituted in the course of everyday interaction and “does not derive automatically from shared patterns of evaluation and social roles” (DiMaggio & Powell, 1991: 20). Berger & Luckmann (1976) place more emphasis on the role of institutions in ensuring social order. As in Parsons’ theory of action, Berger & Luckmann argue that certain *role* requirements become institutionalized. In contradiction with the socialization process of Parson, Berger & Luckmann argue that no external mechanisms or sanctions are necessary to control human conduct as institutions are strong cognitive constructions.

Other writings that provided micro-foundations of institutional theories were the writings of Goffman (1967) and Weick (1969). In *Asylums*, Goffman (1961) discussed how *total institutions* - like prisons, churches and hospitals - have an influence on the behaviour of individuals. The concept of *hospitalization* derived from his work which defines the process in which patients are becoming apathetic and passive due to long-term hospital admission. Goffman (1967) identifies interaction rituals like “speech, expressive behaviour and demeanor embodied intentions” as institutional elements (Powell & Colyvas, 2008: 279). Weick’s approach of *sensemaking* stresses the influences of norms and role structures. Instead of arguing that these norms and roles are constructed through self-perceptions or perceptions of others, Weick argues that these patterns are also constructed through “*scripted interactions* in relation to what others are supposed to do” (Powell & Colyvas, 2008: 282).

The choice of clients to become self-reliant is informed and constrained by the way in which meaning is constructed in everyday interaction. With regard to welfare agencies, meaning is constructed in interaction between social workers and clients. For example, the taken for granted rules designed for social workers might be mapping the client's troubles and delivering remedies and advice (Juhila, 2003). The taken for granted rules designed for clients might be seeking professional help, providing information about his or her personal concerns and receiving help and advice (Juhila, 2003). Numerous unspoken role expectations may exist in these interpretative schemes which may constrain or empower the behaviour of clients.

2.5.2 Cognitions regarding paternalism

In this research, I am interested in thinking in 'old terms' with regard to responsibilities. I assume that clients have taken for granted certain role structures when receiving help from social workers for many years. As professionals, social workers may construct themselves as an activator as citizens in need receives the identity of a client who needs care taking. These perceived role structures construct a "caring or even paternalistic professional and somebody to be cared for without the autonomy to advocate for herself" (Juhila & Abrams, 2011: 279). Paternalistic models of intervention were implemented in social work practices for many years. Nowadays, the empowerment perspective has to provide an alternative to these paternalistic models. However, clients may still rely on these role structures as it provides their framework in which meaning is constructed.

I assume that paternalistic thinking in social work practices by clients might be taken for granted. Clients might expect that their problems will be solved when seeking professional help and when leaving the decisions to a social worker. As meaning is constructed during the interaction with social workers it may also take a broader view of social choice and action. Leaving the decision to others might be a logical move for clients when they consider themselves as a 'layperson who needs help'.

2.5.3 Cognitions and motivation

The cognitive aspect of institutions will also be linked to the *self-determination theory* (Deci & Ryan, 1985). As behavioural and normative beliefs may predict the intention of performing a behaviour, I believe that also cognitions regarding paternalism may influence the intention of becoming self-reliant. When paternalistic thinking regarding decision making is taken for granted, clients might be less motivated to make decisions on their own. Role expectations regarding social workers may constrain clients to take responsibility. I assume that ‘thinking in old terms’ with regard to responsibilities is negatively associated with the willingness of clients to become self-reliant. As a result, our third hypothesis will be:

Hypothesis 3: *The stronger the cognitions regarding paternalism the weaker the willingness of clients to become self-reliant*

2.5.4 Cognitions and self-reliance

Cognitions might not only have an influence on the intention of becoming self-reliant but might also have an influence on the perceived ability of clients to become self-reliant. As clients received help of social professionals for many years, clients might think they are not qualified or able to solve certain problems on their own. After years of receiving professional assistance, clients might think that only professionals can solve their problems and might think that family members, friends and neighbours are incompetent to solve their problems. For this reason, our fourth hypothesis will be:

Hypothesis 4: *The stronger the cognitions regarding paternalism the weaker the perceived ability of clients to become self-reliant*

2.6 The regulative pillar and the self-determination theory

In this research, the regulative pillar of Scott (1995) will be related to the *self-determination theory* of Deci & Ryan (1985). As our common framework contains both sociological and psychological theories certain decisions have to be made. Extrinsic motivation of the self-determination theory has a lot in common with the three pillars of Scott since the theory of Scott regards symbolic systems and cultural rules as objective and external to individual actors. As extrinsic motivation might become internalized into intrinsic motivation according to the self-determination theory, symbolic systems and cultural rules might also become internalized into individual actors according to the theory of Scott. The question is whether the normative, cognitive and regulative aspect of institutions constitutes extrinsic motivation or whether extrinsic motivation can be regarded as a separate concept.

As the regulative pillar emphasizes perceived coercion, extrinsic motivation is about perceived pressures. Although these pressures may also include norms and cognitions, I chose to include *extrinsic motivation* as a reflection of the *regulative pillar* of Scott. When extrinsic motivation is high among clients, it could be argued that social workers might have the coercive power to obligate clients to become self-reliant. However, I do not know whether this will empower or constrain the willingness of clients to become self-reliant.

According to the regulative pillar of Scott, individuals will behave according to perceived rules as it is in their interest to conform - as they want to avoid punishments and receive rewards. According to the self-determination theory, extrinsic motivation might encourage intrinsic motivation (the willingness of clients to become self-reliant) if the *internalization* and *integration* of values and behavioural regulation has proceeded successfully. Taking this into account, our next hypothesis will be:

Hypothesis 5: *When the perceived extrinsic motivation is high among clients the willingness of clients to become self-reliant will also be high*

The regulative aspect of institutions will also be taken into account as it might have an impact on the perceived ability of clients to become self-reliant. Again, I am not sure whether the coercive power of social workers might influence the perceived ability of becoming self-reliant positive or negative. Clients might have the feeling that extrinsic motivation is necessary in order for them to believe in their ability. However, it might also work counterproductive.

Assuming that clients might need extrinsic motivation in order to become encouraged, I expect to find the following assumption:

Hypothesis 6: *When the perceived extrinsic motivation is high among clients the perceived ability of clients to become self-reliant will also be high*

2.7 Determinants of norms, cognitions and behavioural regulation

With regard to the previous hypotheses, the independent variables are the normative, cognitive and regulative aspects of institutions whereas the dependent variables are the willingness and the perceived ability of clients to become self-reliant. However, there are also psychological theorists who argue that demographic variables explain most of the differences in norms, cognitions and perceived behavioural regulation. This would suggest that norms and cognitions are not that persistent as the theory of Scott indicates. For this reason, I will include additional hypothesis in this research in order to be able to analyse whether institutions are really that fundamental. In this case, norms, cognitions and behavioural regulation will be regarded as dependent variables whereas certain demographic variables and concepts will be regarded as independent variables.

2.7.1 Perceived support and norms

Earlier studies found that individuals will evaluate the support they receive from others in the light of what they feel these others are obliged to give (Liefbroer & Mulder, 2006). For this reason, I expect that normative solidarity in which expectations and obligations arise has an influence on the assessed support received by clients. The first complementary hypothesis will be:

Hypothesis 7: *When clients receive much support of family members, friends or neighbours their feelings of normative solidarity towards them will also be stronger*

2.7.2 Personal characteristics and norms

Earlier research indicated that certain personal characteristics could determine the extent to which individuals feel obliged to support their family members. As normative solidarity goes along with expectations and obligations I expect that these personal characteristics also have an influence on normative solidarity. It is often assumed that women have stronger feelings of family obligation than men. However, empirical findings are mixed. Liefbroer & Mulder (2006) found that women had a weaker sense of obligation towards family members in comparison with men. As more studies indicated a positive relationship between being a woman and feelings of obligation I expect to find the following assumption:

Hypothesis 8a: *Women have stronger feelings of normative solidarity than men*

Further findings indicate that obligations with regard to family members decline with age. This negative relationship between feelings of obligation and age could be a result from the fact that older adults do not want to be dependent upon their children as children might perceive it as a burden (Lye, 1996). Weak feelings of obligation may confirm these perceptions towards independence. Taking this into account, another complementary hypothesis will be:

Hypothesis 8b: *Younger people have stronger feelings of normative solidarity than older people*

Earlier research found that the educational level and income had an influence on the extent to which individuals feel obliged to support their family members. It is assumed that highly educated people receive more parental support and that, because of this reason, they feel more obligated to provide support. Nevertheless, it is also assumed that highly educated people are more in favour of autonomy which suggest a negative effect on feelings of obligation. For the reason that more studies report a positive effect of educational attainment and feelings of obligation I expect to find the following assumption:

Hypothesis 8c: *Higher educated people have stronger feelings of normative solidarity than lower educated people*

Highly educated people are more likely to have higher incomes which increases the financial opportunities to provide support. In this case, income may also have a positive effect on feelings of obligation. As a result, our fifth complementary hypothesis will be:

Hypothesis 8d: *People with higher incomes have stronger feelings of normative solidarity than people with a lower incomes*

The remaining factors which are often related to norms are ethnicity and religious affiliation. Migrants arrived from Muslim states and from the Caribbean may have feelings of obligation towards family that differ from feelings of obligation found among native Dutch. Often a distinction is made between cultures that emphasize individualism and cultures that emphasize collectivism. It is assumed that feelings of obligation towards family is stronger among migrants with a Turkish, Moroccan, Surinamese and Antillean background than among native Dutch (Liefbroer & Mulder, 2006). For this reason, another complementary hypothesis will be:

Hypothesis 8e: *Non-western migrants have stronger feelings of normative solidarity than native Dutch*

With non-western migrants I mean migrants of which at least one parent is born in a foreign country as the non-western countries are the countries in Africa, Latin-America, Turkey and Asia (except for Indonesia and Japan) (CBS, 2014).

Religiosity can be regarded as another determinant of people's value systems. Earlier research found that Protestant and Catholics have stronger feelings of family obligation than people without a religious affiliation. Taking this into account, I expect to find the following assumption:

Hypothesis 8f: *Religious people have stronger feelings of normative solidarity than non-religious people*

2.7.3 Personal characteristics and cognitions

Much research is done on the paternalistic relationship between doctors and patients. Research findings indicate that older people are more in favour of paternalistic relationships with their doctor and that women tend to prefer more egalitarian relationships with their doctors in comparison with men (Braman & Gomez, 2003). Also highly educated people tend to be more in favour of egalitarian relationships with their doctors. As I turn to the relationship between social workers and clients, I expect the following assumptions:

Hypothesis 9a: *Men are more in favour of paternalistic relationships than women.*

Hypothesis 9b: *Older people are more in favour of paternalistic relationships than younger people.*

Hypothesis 9c: *Lower educated people are more in favour of paternalistic relationships than highly educated people*

2.7.4 Personal characteristics and behavioural regulation

With regard to the determinants of behavioural regulation results are mixed. As two studies found no significant relationship between sex and perceived coercion, I will not include sex as a determinant of behavioural regulation. However, earlier research did find a positive relationship between age and perceived coercion (Hoge, Lidz, Eisenberg, Monahan, Bennett, Gardner, Mulvey & Roth, 1998). Taking this into account, I expect to find the following assumption:

Hypothesis 10a: *Older people have stronger feelings of behavioural regulation than younger people*

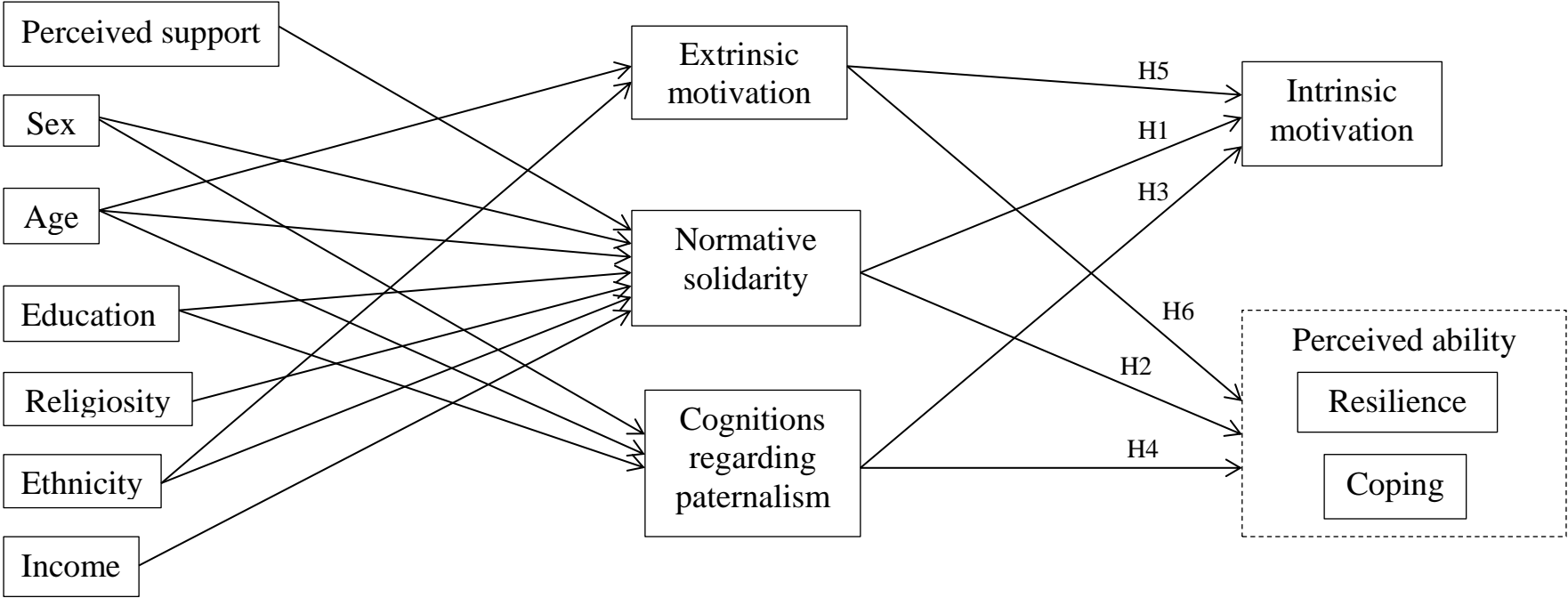
Earlier research also indicated a relationship between ethnicity and perceived coercion. White patients did have higher scores on perceived coercion than did African-American patients (Hoge, Lidz, Eisenberg, Monahan, Bennett, Gardner, Mulvey & Roth, 1998). For this reason, another complementary hypothesis will be:

Hypothesis 10b: *Native Dutch have stronger feelings of behavioural regulation than non-western migrants*

In this theoretical framework, a macro theory of institutionalism is transformed into a micro theory applied to clients of welfare agencies. In this research, I want to reveal taken for granted perspectives of clients regarding social work. Is it possible for clients to ask friends, family or neighbours for support instead of relying on social professionals? I argue that thinking in 'old terms' and being able to lay down the responsibility at social workers for many years may constrain the willingness and ability of clients to take responsibility. By making use of these previous hypotheses I want to evaluate whether people think in accordance with the underlying assumptions of the policy changes. Is it realistic to expect a civil society in which citizens can rely on each other for support after years of governmental involvement which made people less dependent on each other?

Figure 1: Conceptual framework

Conceptual framework in which the three concepts in the middle constitute the three pillars of Scott (1995)



3. Research design

3.1 Research questions

In this research, we are interested in the following questions: to what extent do clients *want* to be self-reliant and to what extent are they *able* to be self-reliant. Together with four other students, one measurement will be developed in order to explore which factors may have an impact on the willingness and ability of clients to become self-reliant. As mentioned earlier, I believe that thinking in ‘old terms’ may hinder clients to take responsibility in solving their problems on their own. In my part, the independent variables are the regulative, normative and cognitive aspects of institutions and our main dependent variable is self-reliance. My research question will be:

(1) To what extent do normative expectations, cognitive assumptions and behavioural regulation determine the willingness of clients to become self-reliant and to what extent do these three pillars determine the perceived ability of clients to become self-reliant?

With regard to behaviour regulation, a distinction is made between external pressures in general and external pressures from social workers. This research will examine whether social workers have the coercive power to obligate clients to become self-reliant. Besides emphasizing the three pillars as independent variables, the determinants of norms, cognitions and regulation will also be taken into account. For this reason, an additional research question will be:

(2) To what extent do demographic variables determine normative expectations, cognitive assumptions and behavioural regulation?

As mentioned in the theoretical section, the determinants of normative expectations will be: *perceived support, sex, age, educational level, income, ethnicity* and *religiosity*. Demographic variables which might have an impact on cognitive assumptions are *sex, age* and *education*. Finally, the determinants of behavioural regulation are: *age* and *ethnicity*.

3.2 Research method

This research is commissioned by a welfare agency. The research method is already chosen as this welfare agency requested a quantitative measurement of self-reliance. Data is collected by making use of structured questionnaires. These questionnaires are conducted personally as clients might have difficulties with the Dutch language and/or might be hard to reach. Each student developed their own

survey questions or made use of already existing survey questions with regard to their own topic. A composite questionnaire with around hundred questions was developed and conducted.

3.3 Research population

The research population includes clients of a welfare agency with different social problems in which the welfare agency identifies six categories: (1) finance and administration; (2) company and support; (3) assistance in and around the house; (4) family and relationships; (5) neighbourhood conflicts; and (6) informal caregivers. Certain clients who were not ‘appropriate’ according to the staff (for example, because of violence towards social workers) were not included in the research population. The remaining clients received a letter in which the purpose of the research was explained and in which the clients could reply when they did *not* want to participate in the research. Names, addresses and phone numbers were made available two weeks after sending the letter.

3.4 Operationalization

Self-reliance

The notion of self-reliance is conceptualized and defined in agreement with all five students. In my theoretical framework, I chose for the term *self-reliance* as translation of the Dutch word: *zelfredzaamheid*. With regard to our research, self-reliance is defined as: knowing how to solve problems successfully (effective coping) and being able to recover after adversity (resilience)¹.

Coping is regarded as a defensive mechanism which enables individuals to cope with stress (Cassim, 2013). Which coping strategies individuals may use depends upon their assessment of the problem and their perceived available sources in order to deal with the problem (Tamres, Hanicki & Helgeson, 2002). Questions concerning fourteen coping strategies are included in our questionnaire (see annex 1). One of the statements is ‘ik probeer de situatie positiever in te zien’. Statements regarding coping could be answered according to a five point scale with the following categories: (1) ik doe dit nooit, (2) ik doe dit bijna nooit, (3) ik doe dit af en toe, (4) ik doe dit bijna altijd, and (5) ik doe dit altijd.

Resilience is defined as “a sense of recovery and rebounding despite adversity or change” (Earvolino-Ramirez, 2007: 74). Resilience is a recovery process which occurs when coping strategies were not that effective. Resilience arises when an individual, after a disruptive event, has learned new skills to deal with similar difficulties in the future. In this research, resilience is measured according to

¹ This definition is originally defined in Dutch as “iemand die zelfredzaam is weet succesvol problemen op te lossen (effectieve coping) en laat zich niet uit het veld slaan door tegenslag (hoge veerkracht)” – defined by Margot Scholte

six statements which could be answered on a five point scale: (1) helemaal mee oneens, (2) mee oneens, (3) neutral, (4) mee eens, and (5) helemaal mee eens. One of the statements regarding resilience is ‘ik herstel snel na moeilijke tijden’ (see annex 1). Both coping and resilience are included in our definition regarding self-reliance and both examine the perceived ability of clients to become self-reliant.

Willingness

My second dependent variable is the willingness of clients to become self-reliant. A psychological theory with regard to motivation is outlined by another student in order to conceptualize the willingness of clients². This student made use of the *self-determination theory* of Deci & Ryan (1985). The self-determination theory identifies two types of motivation: intrinsic and extrinsic motivation. With regard to the willingness of clients to become self-reliant we will focus on *intrinsic motivation* which is defined as “people doing an activity because they find it interesting and derive spontaneous satisfaction from the activity itself” (Gagné & Deci, 2005: 331). An already existing questionnaire regarding intrinsic motivation is translated and adjusted according to our research context (see annex 2). Eight statements regarding intrinsic motivation are included in our questionnaire in which the first statement includes ‘ik wil graag mijn eigen problemen oplossen omdat ik vind dat het in mijn eigen belang is’. Each statement could be answered on the same five point scale as mentioned by the statements regarding resilience. We chose to use this balanced five point scale for almost all statements regarding our questionnaire in order to make it less complicated for the respondents.

Normative solidarity

Previous studies on expectations and obligations are mainly based upon normative solidarity towards family members. However, in this research I am also interested in normative solidarity towards friends and neighbours, since the government assumes that citizens may also rely on these social groups for support instead of relying on social work. In the empirical research of Liefbroer & Mulder (2006), a self-administered questionnaire was constructed. Questions were developed regarding obligations towards family in general and towards parents and children in particular. I chose to use the questions regarding obligations in general as I also wanted to measure normative solidarity towards friends and neighbours. By using the general questions I could easily transform these questions into questions about normative solidarity towards friends and neighbours. For example, I transformed the statement ‘men moet altijd op familie kunnen rekenen’ in ‘men moet altijd op burens kunnen rekenen’ (see annex 1). The original statements were translated to Dutch and each statement could be answered on the same five point scale as mentioned earlier. The questions regarding obligations towards friends consist of three

² This master student is Joren Mulder

items as the statement ‘family members should be ready to support one another, even if they don’t like each other’ could not be adjusted with regard to friends.

Cognitive perceptions

In this research, cognitive perceptions are associated with “taken for granted beliefs, shared conceptions and logics of action” (Scott, 2003: 881). Previous research concerning cognitive perceptions is mainly based upon qualitative methods, making use of conversation or discourse analysis. As a quantitative method is already chosen in this research, I will try to reveal norms and role structures underlying the interaction process by adding statements regarding paternalism. Paternalism and decision-making is mainly examined in the relationship between patients and doctors. I chose to use statements of the Cologne Patient Questionnaire, this questionnaire was developed in order to measure the involvement of patients in care (Pfaff, Freise, Mager & Schrappe, 2003). Several empirical studies have used the dataset of this project to examine certain relationships between social support, trust and decision making. In this research, I will use the statements concerning patients preferences in relation to ‘paternalism’ of doctors. These statements are translated to Dutch and are adjusted to our research context in which the first statement includes ‘mijn welzijn is de verantwoordelijkheid van mijn maatschappelijk hulpverlener’. These statements are also adjusted according to the different social groups (see annex 1).

Perceived coercion

The regulative pillar of Scott emphasizes the coercive power of institutions. In our research context, I am interested in whether clients feel any pressure of social workers to be self-reliant. With regard to welfare agencies, social workers might be the ones who are able to determine the behaviour of clients by means of rules, laws and sanctions as they have to represent the regulatory aspects of welfare agencies. As mentioned in the theoretical framework, extrinsic motivation of the self-determination theory involves behaviour which is related to pressure. Questions with regard to extrinsic motivation are whether clients solve their own problems because they are supposed to do it on behalf of others, or whether they have the feeling that they do not have another choice (Guay, Vallerand & Blanchard, 2000). These statements are translated and adjusted with regard to social assistance. The first statement in our questionnaire respecting extrinsic motivation concerning social workers is ‘ik los mijn eigen problemen op omdat mijn maatschappelijk hulpverlener verwacht dat ik me hiervoor inzet’. The original statements are translated to Dutch and the original seven-point Likert scale is transformed into our common five-point scale. The question is whether perceived coercion (extrinsic motivation) is necessary in order for clients to perceive themselves as willing and able to be self-reliant. See annex 2 for all the sources of the survey questions we used in our questionnaire.

3.5 Hypotheses and expectations

Hypotheses with regard to normative solidarity are mainly based on family solidarity. In this research, my hypotheses will be adjusted according to the *three* different social groups I am interested in. For example, I also expect to find relationships between (1) normative solidarity with regard to friends and the willingness of clients to become self-reliant, and between (2) cognitions regarding paternalism towards neighbours and the perceived ability of clients to become self-reliant. The additional hypotheses regarding the determinants of norms, cognitions and behavioural regulation will also be analyzed according to the different groups. For example, as gender might have an effect on norms with regard to family it might also have an effect on norms with regard to friends.

3.6 Analytical strategy

In this research, we will use a statistical strategy for testing and estimating causal assumptions. For the reason that we expect different factors to have an impact on the willingness and perceived ability of clients to become self-reliant, different independent variables are taken into account and a comprehensive network of relationships arise. Due to less empirical research with regard to self-reliance and institutions, our conceptual model contains many qualitative causal assumptions. Taking this into account, we need a statistical strategy which is suited for theory testing and theory development. *Structural equation modelling* (SEM) is an analytical strategy which allows these experimental assumptions (Byrne, 2012). As our models are quite complex, we will use structural equation modeling in Mplus (version 7) instead of multiple regression. This choice is supported by several reasons. First of all, structural equation modelling (1) allows more flexible modelling, (2) is able to correct for measurement errors and, (3) is able to test models overall instead of testing individual coefficients (Byrne, 2012). Second, structural equation modelling can test models with multiple dependent variables, in my case, the willingness and the perceived ability of becoming self-reliant. Using the statistical technique of structural equation modelling allows us to include latent variables (Byrne, 2012). These are variables of data which are not directly observed and in which a concept is indirectly measured. With regard to my research, *behavioural regulation, norms, cognitions, intrinsic motivation and perceived ability* are latent variables. These variables will be developed by means of factor analyses as they consist of a number of items. Before conducting a structural equation model different assumptions will be explored using the statistical program: *Statistical Package for the Social Sciences* (SPSS version 20).

3.7 Assumptions

In this paragraph, the assumptions before conducting certain statistical analyses will be outlined. The first question we have to answer is whether our data is normally distributed or not. For the reason that we use variables with different measurement levels, we have to take into account whether certain statistical analysis can be conducted using discrete and continuous variables. As we use many latent variables another important question is whether these scales are internally consistent. In other words, do the single items measure the same concept?

3.7.1 Tests of normality

The tables in annexes 3, 4, and 5 already reveal some answers with regard to the normal distribution of the different items. With regard to normative solidarity, the majority of the respondents did agree with the statements that family, friends and neighbours should be able to count on each other and should provide support when help is needed. Due to these preferences, the items regarding normative solidarity are not normally distributed but skewed. This is also the case for the independent variables regarding cognitions and extrinsic motivation. Most respondents did not agree with the statement that their wellbeing is the responsibility of their family members, friends or neighbours and the majority of clients did not feel any pressure from social workers to become self-reliant. Both the *Kolmogorov-Smirnov* and the *Shapiro-Wilk* normality tests are significant for all items regarding the independent variables which means that the assumption of normality is not met.

In this research, my dependent variables are the willingness (intrinsic motivation) and the perceived ability (coping and resilience) of clients to become self-reliant. As other students also used these variables in their research it turned out that also the data with regard to these items are not normally distributed as both the *Kolmogorov-Smirnov* and the *Shapiro-Wilk* normality tests are significant. For this reason, analyses with regard to correlations are based on *Spearman's Rho* instead of *Pearson's r* as the data is not normally distributed.

Non-normal distributed data has implications for certain statistical analysis. As these statistical tools assume normal distributed data the results of the calculations will not be reliable when based on non-normal distributed data (Field, 2009). These tests will calculate probability values that have been calculated for the standard normal distribution. For this reason, rejections of null hypothesis might be incorrect (type I error), rejections of a false null hypothesis might be failed (type II error) or an over- or under-estimation of significance of effect size(s) occurs (Field, 2009). However, non-normal distributed data has only implication for certain statistical analysis. Some statistical tools do not require normal distributed data. If possible, other statistical tests will be conducted for non-normal distributed data.

3.7.2 Internal consistency of the dependent variables

Factor analyses have to be conducted in order to explore the internal consistency of the variables I will use in this research. Items have to be positively correlated and the Cronbach's alpha has to be .70 or higher for variables to be regarded as a consistent Likert-scale. These assumptions will be outlined for each dependent and independent variable.

Intrinsic motivation consists of eight items which are positively correlated. The scale of intrinsic motivation is internal consistent as it has a Cronbach's alpha (α) of .865. *Coping* originally consists of twenty-eight items which have to constitute fourteen components. After conducting a factor analysis two items were deleted regarding the coping strategy *self-abuse* (see annex 1, question 101, component 14). Eventually, eleven components were distinguished whereas the components *active coping* and *planning* are combined as also the components *positive reevaluation* and *acceptance*. Each component had a Cronbach's alpha between .7 till .9, except for one component regarding the coping strategy humor which had a Cronbach's alpha of .579. The third dependent variable, *resilience*, consists of six items which are positively correlated. The scale of resilience is internal consistent as it has a Cronbach's alpha of .825.

The independent variables in this research are the normative, cognitive and regulative aspect of institutions. *Normative solidarity* consists of four items (except for normative solidarity towards friends which consists of three items) which are positively correlated within each social group. The scale of normative solidarity is internal consistent as normative solidarity towards family within the household has a Cronbach's alpha of .870, towards family outside the household has a Cronbach's alpha of .819, towards friends has a Cronbach's alpha of .844 and normative solidarity towards neighbours has a Cronbach's alpha of .883.

Cognitions with regard to paternalism consists of four items which are positively correlated except for one group. The last item regarding the statement 'as a medical lay person I should leave decisions to family members within the household' is not significant correlated with the other three items of the group. The scale of cognitions regarding paternalism is internal consistent as paternalistic cognitions regarding the family outside the household has a Cronbach's alpha of .802, regarding friends has a Cronbach's alpha of .738, regarding neighbours has a Cronbach's alpha of .882 and paternalistic cognitions regarding social workers has a Cronbach's alpha of .805.

The third independent variable is *extrinsic motivation* which consists of four items. These four items are positively correlated and has a Cronbach's alpha of .835.

We have to take into account that a low number of items might not cover one entire concept. A possible guideline would be at least three items for each concept but even better would be around five till ten items for each concept. As norms and cognitions consist of four items we are just above the minimum.

Another difficulty might be that when the majority of respondents did score mainly high or low, the resulting value of Cronbach's alpha might be artificially high. This might be the case for norms, cognitions and extrinsic motivation as the majority of respondents scored high on norms and low on cognitions and extrinsic motivation (see annex 3, 4 and 5).

3.7.3 Assumptions regarding regression analyses

When conducting regression analyses other assumptions have to be met. First, the dependent variables should be measured at the continuous level and the independent variables should be measured at the continuous or categorical level. As both my dependent and independent variables are measured with a five-point answer scale, this assumption is met. Originally, a five-point answer scale is regarded as ordinal data. However, a five-point answer scale can be regarded as interval data as regression coefficients will be better interpretable. The assumptions regarding *homoscedasticity* and *multicollinearity* are difficult to test as SPSS does not work with latent variables. Homoscedasticity means that the residuals at each level of the predictors should have the same variance (Field, 2009). No perfect multicollinearity means that there should be no perfect linear relationship between two or more of the predictors (Field, 2009). However, it is useless to test all linear relationships of all the different items of which our latent variables constitute. As we already know that our sample is not randomly selected and our data is not normally distributed there is a great risk of not meeting the assumptions for conducting regression analyses. Another reason for not meeting the assumptions is because of many outliers. As we still will conduct regression analyses, we have to take into account that many results might not be reliable.

3.8 Reliability and validity

In this paragraph, the reliability and internal validity of this research will be outlined in general.

“The reliability of a measure is the extent to which the measure produces the same results when used repeatedly to measure the same thing” (Rossi, Lipsey & Freeman, 2004: 218)

The reliability of this research might be affected as the survey is both conducted at clients' homes and at the community centres of the welfare agency. The survey is conducted by five students, which might have an impact on the reliability as each student might have other interpretations regarding certain statements or do not actually follow the same procedures as each other student when conducting a survey. However, due to mutual agreements about important concepts and due to using standardized questionnaires, unsystematic mistakes are reduced. Another irregularity might be the fact that clients are not only approached by phone but some students went to a community centre or went to clients' homes to ask clients whether they wanted to participate in this research. However, each client received the same letter in which the purpose of the research was explained and in which the clients could reply when they did *not* want to participate in the research. Sometimes, surveys were conducted with two clients at once. This might have an impact at the reliability as clients could influence each other when responding to certain questions.

With regard to the validity of our measurement, an irregularity might be socially desirable responding.

“The validity of a measure is the extent to which it measures what it is intended to measure” (Rossi et al., 2004: 220)

Clients might be responding socially desirable as we conducted this research on behalf of the welfare agency of which they receive support. Statements regarding norms and cognitions might also be sensitive to socially desirable responding. Sometimes, clients were emotional or did not understand some statements as the result of language difficulties. However, as we conducted the survey personally we could clarify these statements. Again, mutual agreements were made in order to explain statements in the same manner. As we made use of a standardized questionnaire, answers were restricted. This might influence the validity as not all the answers of clients were taken into account. Another difficulty is that our sample is wide-ranged which made it even harder to examine the perspectives of clients on the basis of one standardized questionnaire.

4. Results

In this chapter, the results of this research will be outlined. First, the sampling method and the representativeness of the sample will be discussed. Second, descriptive statistics with regard to the independent and dependent variables will be outlined and hypothesis will be confirmed or disconfirmed making use of *Structural Equation Modelling* (SEM). Tables will be constructed in order to interpret data and to be able to draw conclusions.

4.1 Sampling method, non-response and representativeness

4.1.1 Sampling method

Due to our dependency on the welfare agency for personal information regarding their clients, we were not able to select our sample completely random. As mentioned before, clients who misbehaved in the past and clients who did not want to participate in the research after receiving the letter were not included in the research sample. It was intended that we would approach clients who lived in certain neighbourhoods in a certain city. However, it soon became clear that the clients which we could approach lived in all kinds of different neighbourhoods. The list of phone numbers which we received did include clients who attended three or more meetings with a social worker in 2014. The list of phone numbers was not up to date as some clients did not receive help anymore, did have another address or even past away.

4.1.2 Non-response

We received a list with almost 700 phone numbers and addresses of clients. Some names were included without a phone number and some phone numbers did not exist. Eventually, 457 clients were reached of which 168 clients did want to participate in this research. As some clients failed to appear or changed their mind, 151 clients did fill in our survey. Sometimes, conducting a survey was interrupted halfway due to emotional clients or because it took too long for clients to concentrate. Clients of welfare-agencies are hard to reach as many clients also face physical problems or do not trust strangers as clients might have bad experiences. Some students went to clients' homes when they could not reach them by phone or went to a community centre in order to reach more clients. 233 clients were not reached as they did not have a phone number, never picked up their phone or were not at home.

Table 1: response survey

Approached	Response	Non-response (refusal)	Non-response (reject)
457	151	288	18
100%	33%	63%	4%

4.1.3 Representativeness

Before we can interpret our data it is important to know whether our research sample is representative for our research population. Our sample has to be representative as we want to draw general conclusions regarding all clients of the welfare agency. As mentioned by our contact person, figures of August till December 2013 indicate that 45% and 55% of the clients are male and female respectively. Annex 7 shows that females are also the majority in our sample, although the distribution is not exactly the same.

As mentioned by our contact person, the same figures of 2013 indicate that 32% of the clients are native Dutch, 33% are immigrants and 35% did not respond to this question. Since it might be assumed that the majority of the final 35% are immigrants, our contact person mentioned that more females and more immigrants are representative for the population. Annex 7 shows our percentages of the distribution regarding ethnicity.

With regard to age, the majority of clients were 70 years or older. Whether age on average is also high with regard to all clients of the welfare agency remains a question as we do not have the figures (see annex 7). Overall, we are not sure whether our sample is representative as we do not have all the right figures. However, our contact person mentioned that more females, more immigrants and older people might be representative for all clients of the welfare agency. As we are not sure, our results cannot be generalized.

4.2 Descriptive statistics

The statistics of my dependent and independent variables will be outlined in this paragraph. Are clients willing to be self-reliant and do they perceive themselves as being able to be self-reliant? How did the clients respond to the survey questions regarding norms, cognitions and extrinsic motivation?

With regard to the dependent variables, the majority of the clients did agree with the statements regarding the willingness of becoming self-reliant. 60% of the clients did agree and 30% did completely agree with the statement 'ik wil graag mijn eigen problemen oplossen omdat ik me daardoor goed zal voelen'. The means of the items regarding intrinsic motivation are around four, which indicates that clients do agree with the statements regarding intrinsic motivation.

With regard to coping, the majority of clients do often use the coping strategies regarding problem solving behavior as 46% of the clients did mention to try to solve problems always. The majority of clients did mention that they never use the coping strategies regarding denial, drug use and withdrawal. It is interesting to notice that most clients mention to not search for emotional support by other people very often. Most clients do not express their negative feelings very often. However, most clients mention to never give up trying to solve their problems.

With regard to resilience, the means of the items are around three which indicates that on average people are neutral regarding the statements. For example, 33% did not agree with the statement 'ik heb lang de tijd nodig om over tegenslagen in mijn leven heen te komen', whereas 34% did agree with the statement. Overall, the majority of the clients *want* to be self-reliant. Clients make use of different coping strategies and mention to be active regarding solving their problems, however finding emotional support by others is not their strategy. With regard to resilience, the scores are 50/50 as some clients do think they recover fast after a disruptive event and other clients do think they do not recover that fast.

With regard to the regulative, normative and cognitive aspect of institutions clients were mainly unambiguous. With regard to norms, the majority of the respondents did agree with the statements that family, friends and neighbours should be able to count on each other and should provide support when help is needed (see annex 3). Most respondents did not agree with the statement that their wellbeing is the responsibility of their family members, friends or neighbours as 51% of the clients did disagree and 22% did strongly disagree with the statement 'mijn welzijn is de verantwoordelijkheid van mijn vrienden' (see annex 4). The majority of clients did not feel any pressure from social workers to become self-reliant as 54% did disagree with the statement 'ik los mijn eigen problemen op omdat het iets is dat ik moet doen van mijn maatschappelijk hulpverlener'. In the next section, I will examine which factors lead to a certain answer as we will test our hypotheses.

4.3 Testing hypotheses

4.3.1 Normative solidarity

With regard to normative solidarity and willingness of clients we formulated the following hypothesis:

Hypothesis 1: *Normative solidarity towards family, friends and neighbours will positively influence the willingness of clients to become self-reliant*

The results show that the relationship between normative solidarity and the willingness of clients to become self-reliant differs for each group (see annex 6). Normative solidarity towards neighbours indicates a significant negative relationship with the willingness of clients to become self-reliant ($B = -0,116$, $p = 0,035$). Normative solidarity towards friends indicates a significant positive relationship with the willingness of clients to become self-reliant ($B = 0,153$, $p = 0,035$). For this reason, hypothesis 1 is confirmed only with regard to normative solidarity towards friends.

With regard to normative solidarity and the perceived ability of clients we formulated the second hypothesis:

Hypothesis 2: *Normative solidarity towards family, friends and neighbours will positively influence the perceived ability of clients to become self-reliant*

The relationship between normative solidarity and the perceived ability of clients to become self-reliant differs when perceived ability is distinguished in *resilience* and *coping* (see annex 6). Normative solidarity towards family outside the household indicates a significant positive relationship with resilience ($B = 0,393$, $p = 0,021$). Normative solidarity towards family within the household indicates a significant negative relationship with resilience ($B = -0,461$, $p = 0,011$). With regard to coping, no relationship between normative solidarity and coping is significant. This means that hypothesis 2 is not confirmed as coping is not significant related to normative solidarity. In short, normative solidarity towards friends (unlike family and neighbours) has a positive influence on the willingness of clients to become self-reliant. Concentrating not on the willingness, but the perceived abilities of clients to become self-reliant a distinction between resilience and coping needs to be made. Whereas only resilience results in significant relations, namely a positive for family without the household and a negative for family within the household, coping does not.

4.3.2 Cognitions regarding paternalism

The following two hypotheses concern the cognitions regarding paternalism. For the reason that there may be links between these cognitions and the willingness (hypotheses 3) or the perceived ability (hypothesis 4) of the clients to become self-reliant:

Hypothesis 3: *The stronger the cognitions regarding paternalism the weaker the willingness of clients to become self-reliant*

The relationship between cognitions regarding paternalism and the willingness of clients to become self-reliant differs for each group (see annex 6). No relationship between cognitions regarding paternalism and the willingness of clients to become self-reliant is significant. This means that hypothesis 3 is not confirmed.

Hypothesis 4: *The stronger the cognitions regarding paternalism the weaker the perceived ability of clients to become self-reliant*

The relationship between cognitions regarding paternalism and the perceived ability of clients to become self-reliant differs for each group as well as for *resilience* and *coping*. No relationship between cognitions regarding paternalism and resilience is significant. Nor with regard to coping. . For this reason, hypothesis 4 is not confirmed as cognitions regarding paternalism is not significant related to resilience and coping.

To summarize, the willingness and the perceived ability of the clients to become self-reliant does not seem to be influenced by the cognitions regarding paternalism.

4.3.3 Extrinsic motivation

Another factor that may positively influence the willingness and perceived ability of clients to become self-reliant is extrinsic motivation. Consider hypothesis 5:

Hypothesis 5: *When the perceived extrinsic motivation is high among the clients the willingness of clients to become self-reliant will also be high*

Our results show a negative instead of a positive relationship between behavioural regulation and the willingness of clients to become self-reliant.. However, this negative relationship is not significant. This means that hypothesis 5 is not confirmed.

Hypothesis 6 tests the perceived ability instead of the willingness of clients to become self-reliant:

Hypothesis 6: *When the perceived extrinsic motivation is high among the clients the perceived ability of clients to become self-reliant will also be high*

The relationship between behavioural regulation and the perceived ability of clients to become self-reliant is negative (for both resilience and coping). However, this negative relationship is not significant. This means that also hypothesis 6 is not confirmed.

Like in the section above, according to our results the willingness and the perceived ability of the clients to become self-reliant does not seem to be influenced by extrinsic motivation.

4.3.4 Determinants of norms, cognitions and behavioural regulation

Regarding determinants of norms, cognitions and behavioural regulation we have a general hypothesis (7) and several hypotheses (8, 9) that make assumptions on differences between populations. Hypothesis 7 assumes a positive relationship between perceived support and feelings of solidarity:

Hypothesis 7: *When clients receive much support of family members, friends or neighbours their feelings of normative solidarity towards them will also be stronger*

Perceived support of family members and neighbours is positively related to normative solidarity towards family members and neighbours. However, perceived support of friends is negatively related with normative solidarity towards friends. As none of these relationships are significant, hypothesis 7 is not confirmed.

Based on previous research we expected differ outcomes between sexes:

Hypothesis 8a: *Women have stronger feelings of normative solidarity than men*

No significant differences were found between males and females with regard to normative solidarity towards family members, friends and neighbours. For this reason, hypothesis 8a is not confirmed.

We also assumed differences outcomes with respect to age:

Hypothesis 8b: *Younger people have stronger feelings of normative solidarity then older people*

Results indicate a negative relationship between age and normative solidarity towards family members and friends. However, a positive relationship was found between age and normative solidarity towards neighbours. The negative relationships between age and normative solidarity towards family members within the household ($B = -0,262$, $p = 0,002$) and towards family members outside the household was significant ($B = -0,239$, $p = 0,009$). This means that hypothesis 8b is only confirmed for normative solidarity with regard to family members within and outside the household.

Furthermore differences with respect to education level were assumed by hypothesis 8c:

Hypothesis 8c: *Higher educated people have stronger feelings of normative solidarity than lower educated people*

With regard to education, normative solidarity towards family and friends indicates a positive relationship. Normative solidarity towards neighbours indicates a negative relationship with education. However, no relationship between education and normative solidarity was significant. For this reason, hypothesis 8c is not confirmed.

Likewise, a difference regarding income was hypothesized:

Hypothesis 8d: *People with higher incomes have stronger feelings of normative solidarity than people with a lower incomes*

The relationship between income and normative solidarity is negatively related except for normative solidarity towards neighbours. As no relationship is significant, hypothesis 8d is not confirmed.

With regard to origin the following hypothesis was formulated:

Hypothesis 8e: *Non-western migrants have stronger feelings of normative solidarity than native Dutch*

Significant differences were found between non-western migrants and native Dutch with regard to normative solidarity towards family members within the household ($B = 0,390$, $p = 0,008$) and outside the household ($B = 0,590$, $p < 0,001$). This means that hypothesis 8e is only confirmed with regard to normative solidarity towards family members within and outside the household.

A relation in the same direction was expected with respect to religion:

Hypothesis 8f: *Religious people have stronger feelings of normative solidarity than non-religious people*

No significant differences were found between religious and non-religious people with regard to normative solidarity. For this reason, hypothesis 8f is not confirmed.

All in all, clients' feelings overall of normative solidarity towards family members, friends or neighbours is not strengthened when they receive more support from them in general. Most factors of individual differences, such as sex, education level, income and religion do not influence the feelings of normative solidarity. Other individual differences, such as, age and ethnicity partly confirmed our hypotheses: with regard to family members within and outside the household, younger people have stronger feelings of normative solidarity than older people. Likewise, with regard to family, Non-western migrants have stronger feelings of normative solidarity than native Dutch.

Taking into account the same individual differences, the following hypotheses were formulated, with respect to paternalistic relationships (9) and behavioural regulation (10): Men were expected to be more in favour of paternalistic relationships than women:

Hypothesis 9a: *Men are more in favour of paternalistic relationships than women.*

However, with regard to the determinants of cognitions, no significant differences were found between males and females with regard to paternalistic cognitions. As a result, hypothesis 9a is not confirmed.

Hypothesis 9b assumes a similar relationship in respect to age:

Hypothesis 9b: *Older people are more in favour of paternalistic relationships than younger people.*

Results indicate that the relationship between age and paternalistic cognitions is positive. However, this positive relationship is only significant for paternalistic cognitions with regard to family members outside the household ($B = 0,180$, $p = 0,011$) and neighbours ($B = 0,138$, $p = 0,029$). This means that hypothesis 9b is only confirmed with regard to paternalistic cognitions regarding family members outside the household and neighbours.

Another difference concerning paternalistic relationship was expected between lower and higher educated people:

Hypothesis 9c: *Lower educated people are more in favour of paternalistic relationships than highly educated people*

With regard to education, results indicate a negative relationship with paternalistic cognitions. Only one relationship is significant as higher educated people are less in favour of paternalistic relationships with social workers ($B = -0,258$, $p = 0,009$). For this reason, hypothesis 9c is only confirmed with regard to paternalistic cognitions regarding social workers.

With regard to behavior regulation the following hypotheses were formulated:

Hypothesis 10a: *Older people have stronger feelings of behavioural regulation than younger people*

Hypothesis 10b: *Native Dutch have stronger feelings of behavioural regulation than non-western migrants*

Results indicate that the relationship between age and behavioural regulation is positive. However, no significant differences are found between older and younger people with regard to behavioural regulation. This means that hypothesis 10a is not confirmed. With regard to ethnicity, a positive relationship is found between ethnicity and behavioural regulation. However, this relationship is not significant. For this reason, hypothesis 10b is also not confirmed.

Again, many hypotheses are not, or only partly, confirmed by our results. This way, our results do not show that men are more in favour of paternalistic relationships than women. On the contrary, they show that older people are more in favour of paternalistic relationships than younger people, but only with regard to family members outside the household and neighbours. Likewise, only with regard to social workers, lower educated people are more in favour of paternalistic relationships than highly educated people. There were no relationships between age or ethnicity and behavioural regulation.

The main hypotheses in this research describes the relationship between the three pillars of institutions and the willingness and perceived ability of clients to become self-reliant. Only hypothesis 1 is confirmed with regard to friends, indicating that normative solidarity towards friends positively influence the willingness of clients to become self-reliant. The remaining main hypotheses are not confirmed.

Some hypotheses regarding the determinants of norms, cognitions and behavioural regulation are confirmed. Hypothesis 8b is confirmed with regard to family members indicating that younger people have stronger feelings of normative solidarity towards family members than older people. Hypothesis 8e is also confirmed with regard to family members indicating that non-western migrants have stronger feelings of normative solidarity towards family members than native Dutch. Hypothesis 9b is confirmed with regard to family members outside the household and neighbours indicating that older people are more in favour of paternalistic relationships with family members outside the household and with neighbours than younger people. Hypothesis 9c is confirmed with regard to social workers indicating that lower educated people are more in favour of paternalistic relationships with social workers than higher educated people.

4.3.5 Fit indices

Structural Equation Modeling (SEM) gives the opportunity to examine ‘the goodness of fit’ of our conceptual models. In my case, five different models are examined as each group is treated separately. In my conceptual model, the regulative, normative and cognitive aspects of institutions are the predictors of intrinsic motivation, resilience and coping.

I look at the RSMEA test instead of Chi square test as our data is not normally distributed. These tests compare the observed covariance with the predicted covariance of the model. With regard to my conceptual model, the RSMEA test is significant in all five different groups. This means that the observed and predicted covariance significantly differ from each other. The CFI test for all five models is also low which indicates that the model in the command does not fit the data. Finally, the SMRM test examines the differences between the observed correlations and the predicted correlations. The resulting value of the SMRM test indicates a bad fit in all of the five models. Overall, the regulative, normative and cognitive aspects of institutions are bad predictors of intrinsic motivation, resilience and coping.

Table 2: Goodness of fit statistics

	<i>CFI</i>	<i>RMSEA</i>	<i>SRMR</i>
Family within the household	.485	.108	.107
Family outside the household	.495	.105	.103
Friends	.478	.107	.105
Neighbours	.511	.107	.104
Social workers	.458	.114	.108

5. Conclusion

In this final chapter, answers will be given regarding the research questions and results will be interpreted by means of the theories which are discussed in the theoretical framework. Finally, recommendations regarding future research and practices will be outlined.

5.1 Research questions

The first research question was: *to what extent do normative expectations, cognitive assumptions and behavioural regulation determine the willingness of clients to become self-reliant?*

Cognitive assumptions and behavioural regulation do not determine the willingness of clients to become self-reliant. Only normative expectations regarding normative solidarity towards friends and neighbours influences the willingness of clients to become self-reliant. When normative solidarity towards friends is high, clients are more willing to become self-reliant. When normative solidarity towards neighbours is high, clients are less willing to become self-reliant.

The second research question was: *to what extent do normative expectations, cognitive assumptions and behavioural regulation determine the perceived ability of clients to become self-reliant?*

Results indicate that normative expectations, cognitive assumptions and behavioural regulation do not determine the perceived ability of clients to become self-reliant.

The additional research question was: *to what extent do demographic variables determine normative expectations, cognitive assumptions and behavioural regulation?*

Results indicate that the demographic variables age, ethnicity and education can predict normative expectations and cognitive assumptions. *Age* has an influence on normative expectations and cognitive assumptions regarding family members. *Ethnicity* has also an influence on normative expectations regarding family members and *education* has an influence on cognitive assumptions regarding social workers.

5.2 The three pillars of institutions

With regard to the regulative pillar of Scott (1995), behavioural regulation does not determine the willingness of clients to become self-reliant which might indicate that social workers do not have the coercive power to stimulate clients to become self-reliant. As the majority of respondents mention that social workers do not push them to be self-reliant, it might indicate that social workers do not have the

regulative authority. For this reason, the regulative aspect of institutions cannot be applied to this research context. According to this research, behavioural regulation does not have a significant impact on the willingness and perceived ability of clients to become self-reliant. However, the results do indicate a negative relationship with both the willingness and perceived ability of clients to become self-reliant. So, when social workers are required to use coercive power in order to make clients more self-reliant, this might work counterproductive.

The normative aspect of institutions had the most significant results. When normative solidarity towards friends was high, clients were more willing to become self-reliant. This indicates that clients who think that friends *should* support each other are more motivated to solve problems on their own. However, a negative relationship was found with regard to normative solidarity towards neighbours. This indicates that clients who think that neighbours *should* support each other are less motivated to solve problems on their own. As the government expects clients to rely more on family, friends and neighbours for support, normative solidarity towards one of them does not make clients automatically more motivated to solve problems on their own (with or without support of others). It is important to notice that normative solidarity towards family members has no impact on the willingness of clients to become self-reliant. One of the reasons might be that clients are not willing to rely on family members for support as many clients mentioned that it is not possible to count on family members as they have their own life.

The cognitive aspect of institutions is included in this research as *paternalistic thinking*. As clients could rely on social workers for many years, we expect to reveal some sort of passive dependency. However, no relationships were confirmed. Many clients mentioned that their welfare is their own responsibility and not the responsibility of family members, friends, neighbours or social workers. This might indicate that clients lay down care responsibilities at another level.

Overall, the immutability of social structures on which the theory of Scott (1995) is based is difficult to trace as we not yet have the opportunity to compare this data with previous data regarding this sample. In this research, the normative pillar of institutions seems to have the most impact on the motivation and perceived ability of clients to become self-reliant. Certain social structures do arise as the majority of clients did agree or disagree with certain statements and at which demographical variables could not explain major parts of the variances. Another structure is visible as normative solidarity towards friends is high among clients, whereas normative solidarity towards family arises at a second place and finally normative solidarity towards neighbours. This indicates that clients might not yet be ready for a *civil society* as they think that neighbours are not obligated to provide support. Moreover, normative solidarity towards neighbours would be counterproductive as it makes clients less motivated to be self-reliant. Clients do want to be self-reliant but differ in their perceived ability of becoming self-reliant. In

this research, the regulative and cognitive aspects of institutions do not predict the willingness or perceived ability of clients to become self-reliant.

5.3 Recommendations practice

As most clients do mention that they *want* to be self-reliant, it is not needed to motivate clients to be self-reliant. As clients often also face physical problems, most clients do not consider it possible to solve their problems on their own without relying on social work. Clients who are able to be self-reliant do face problems regarding their social network, self-confidence or trust. As clients do face different problems and differ with regard to the possibility of asking and receiving help, it is difficult to develop one policy regarding all different clients. In my opinion, clients do find it difficult to rely on family members, friends and neighbours for support as they do not want to burden them as pride or autonomy may constrain clients to ask for help.

In my opinion, another reason for clients to rely on social work is the professional support they want to receive. They do not think that their family members, friends or neighbours are able to support them. As social workers are professionals, clients do have less confidence in solving their problems on their own or to rely on other people for support. As there are many clients who do not have family or friends, it is not possible to reduce the number of clients who receive support considerably. Even if clients do have family members or friends, they are often not able to give support for the reason that they are old or sick themselves, live far away or because there is no good relationship between them. My recommendation would be that clients who are able to be self-reliant learn to be confident again and understand that not only professionals could help them. However, I think that social workers are always needed as the demand is high and not all citizens are willing and able to combine work and care.

5.4 Recommendations further research

Further research is needed with regard to the underlying structures of welfare agencies which may empower or constrain clients to become self-reliant. In this research, we examined the cognitive aspect of institutions by means of paternalistic thinking. However, many other options are possible. In my opinion, a qualitative research has to be conducted in order to examine the different motifs of clients to rely on social work. When understanding the different motifs of clients, a more orientated questionnaire can be developed. Furthermore, future research has to examine why clients of welfare agencies find it difficult to rely on family members, friends and neighbours for support. As results indicate that clients are indeed willing to be self-reliant, the perceived ability of clients to be self-reliant has to be

emphasized. A better distinction has to be made between being able to solve problems on your own and being able to solve problems on your own by means of relying on your social network.

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Annex 1: Questionnaire



Universiteit Utrecht

Een onderzoek naar

Welzijnscliënten en zelfredzaamheid

Universiteit Utrecht /
Mei 2014

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In te vullen door interviewer:

Respondentnummer: Initialen interviewer + nummer respondent van de interviewer.	
Interviewer: Voornaam en achternaam.	
Datum interview:	
Locatie interview: Bijvoorbeeld: "huis respondent" of "Wijkcentrum	
Bijzonderheden: Alleen invullen indien er onregelmatigheden zijn opgetreden tijdens het interview, die de betrouwbaarheid hebben beïnvloed.	

INHOUD:

Inleiding

DEEL 1: Algemene vragen over uw persoonlijke situatie

- 1.1. Persoonskenmerken
- 1.2. Religie
- 1.3. Etniciteit
- 1.4. Huishouden
- 1.5. Problematiek

DEEL 2: Vragen over u als persoon

- 1.1. Algemeen
- 1.2. Competentie
- 1.3. Autonomie

DEEL 3: Vragen over u en uw sociale omgeving

- 3.1. Algemeen
- 3.2. Familie *binnen* uw huishouden
- 3.3. Familie *buiten* uw huishouden
- 3.4. Vrienden
- 3.5. Buren
- 3.6. Religieuze gemeenschap
- 3.7. Etnisch-culturele gemeenschap
- 3.8. Anders, namelijk: ...

DEEL 4: Vragen over uw maatschappelijk hulpverlener van

DEEL 5: Vragen over uw motivatie

- 5.1. Intrinsieke motivatie
- 5.2. Extrinsieke motivatie

DEEL 6: Vragen over uw zelfredzaamheid

- 6.1. Coping
- 6.2. Veerkracht

Inleiding

1. Bedanken:

Hartelijk dank voor uw medewerking aan dit onderzoek.

2. Uitleg onderzoek:

Ik zal nu eerst uitleggen waarom we dit onderzoek doen en wat we willen weten:

- De regering en de gemeente | willen dat cliënten van | meer zelf gaan doen, in plaats van dat de maatschappelijk hulpverlener van | allerlei dingen voor de cliënt doet.
- Meer zelf doen betekent:
 - o Cliënten doen zelf meer.
 - o Maar ook: ze moeten eerder vragen aan familie, vrienden, etc. om hen te helpen.
- Maar we weten niet wat de cliënten daar zelf van vinden:
 - o Willen zij wel meer zelf doen?
 - o En kunnen zij en hun familie, vrienden etc. dat wel?
- Daar proberen we met dit onderzoek achter te komen.

3. Voorwaarden van het onderzoek:

- De antwoorden die u vandaag aan mij geeft blijven onder ons en zijn geheim:
 - o Wij vertellen hierover dus niets aan | f aan uw maatschappelijk hulpverlener van |
 - o Ik vul straks uw antwoorden in op dit formulier, maar daar staat uw naam niet op: niemand komt dus later te weten wie die antwoorden heeft gegeven.
- Als u halverwege het onderzoek toch besluit dat u niet wilt meedoen met dit onderzoek, dan kan dat altijd:
 - o Ik stop dan direct met vragen stellen.
 - o U komt niet in de problemen.

4. Terugrapportage:

De resultaten van dit onderzoek – dat wil zeggen van de interviews met 250 cliënten – presenteren wij over ongeveer zes weken aan de Cliëntenraad van

- Als u dus meer wilt weten over de resultaten van dit onderzoek kunt u in juli contact opnemen met de cliëntenraad.

5. Wat gaan we doen:

- Ik leg u straks telkens een vraag voor.
- U geeft antwoord op die vraag.
- Daarna vul ik uw antwoord in op dit formulier.
- Soms vraag ik of u het eens bent met een stelling:
 - o Bijvoorbeeld: “Ik vind het belangrijk dat familieleden voor elkaar zorgen”.
 - o Ik vraag u dan aan te geven op dit papier (*laatste afgescheurde pagina van het formulier laten zien aan de respondent*) hoe erg u het met deze stelling eens bent.

6. Informed consent:

Wilt u – na alles dat ik u zojuist heb verteld – nog steeds meedoen met dit onderzoek?

Indien ja: dan gaan we nu beginnen.

DEEL 1:
Algemene vragen over uw persoonlijke situatie

1.1. Persoonskenmerken

Vraag 1: Leeftijd _____

Geboortejaar (in 4 cijfers)

Indien de respondent de leeftijd niet bekend wil maken de volgende categorisatie proberen (één aankruisen):

19 of jonger	
20-29	
30-39	
40-49	
50-59	
60-69	
70 of ouder	

Vraag 2: Sekse (aankruisen):

Man	
Vrouw	

Vraag 3: Burgerlijke staat (één aankruisen):

<u>Ongehuwd</u> (nooit gehuwd en nooit geregistreerd partner geweest)	
<u>Gehuwd</u> (wettig gehuwd + geregistreerd partnerschap)	
<u>Verweduwd</u> (verweduwd na wettig huwelijk + verweduwd na partnerschap)	
<u>Gescheiden</u> (gescheiden na wettig huwelijk + gescheiden na partnerschap)	
<u>Samenwonend</u>	
<u>Partner, niet samenwonend</u>	

Vraag 4: Opleiding

Instructie voor interviewer

Indien antwoord "Anders, namelijk ..." is, zo veel mogelijk doorvragen naar type opleiding en aantekeningen maken, zodat dit later gecategoriseerd kan worden.

Wat is uw hoogst genoten opleiding? / Waarin heeft u een diploma behaald? (één aankruisen)

basisonderwijs (of minder)	
lbo	
vmbo	
mavo	
havo	
vwo	
mbo	
hbo	
wetenschappelijk onderwijs	
Anders, namelijk ...	

Vraag 5a-c: Beroep

Vraag 5a

Wat is momenteel uw beroep? (één aankruisen)

Ik ben ...

werknemer met één baan	
werknemer met meerdere banen	
zelfstandig ondernemer	
noch werknemer, noch zelfstandig ondernemer	

Vraag 5b

Indien werknemer: heeft u daarnaast nog een andere bron van inkomen?

Nee	
Ja, uit een eigen onderneming	
Ja, (pre-) pensioen	
Ja, uitkering (anders dan (pre-) pensioen)	
Ja, anders, namelijk ...	

Vraag 5c

Indien werknemer: wat is de aard van uw dienstverband

Werknemer met vast dienstverband (onbepaalde tijd)	
Werknemer met tijdelijk dienstverband, met uitzicht op vast dienstverband	
Werknemer met tijdelijk dienstverband voor bepaalde tijd	
Uitzendkracht	
Oproepkracht / invalkracht	
Werkzaam via WSW (bijv. sociale werkplaats)	
Anders, namelijk ...	

Vraag 6: aantal werkuren**Instructie voor interviewer**

Eerst aantal uren vragen. Indien respondent geen antwoord kan geven, de onderstaande categorieën opnoemen.

Indien u werkt: Hoeveel uur per week werkt u? _____

Of (*aankruisen*):

< 12 uur per week	
12-20 uur per week	
20-25 uur per week	
25-30 uur per week	
30-35 uur per week	
> 35 uur per week	

1.2. Religie

Instructie voor interviewer

Stel deze vragen eerst als een open vragen. Indien respondent niet kan antwoorden: de categorieën voorlezen.

Vraag 7:

Tot welke kerkelijke gezindte of levensbeschouwelijke groepering rekent zichzelf? (*één aankruisen*):

1.	Geen	
2.	Rooms-katholiek	
3.	Nederlands Hervormd	
4.	Gereformeerde kerken	
5.	Protestantse Kerk Nederland	
6.	Islam	
7.	Joods	
8.	Hindoe	
9.	Boeddhist	
10.	Anders, namelijk;....	

Vraag 8:

Hoe vaak gaat u in het algemeen naar de kerk, synagoge, moskee of naar een godsdienstige bijeenkomst. Is dat (*één aankruisen*):

1.	1 keer per week of vaker	
2.	2 tot 3 keer per maand	
3.	1 keer per maand	
4.	minder dan 1 keer per maand	
5.	nooit	

1.3. Etniciteit

Instructie voor interviewer

Stel deze vragen eerst als een open vraag. Indien respondent niet kan antwoorden: de categorieën voorlezen.

Vraag 9:

In welk land bent u geboren? (*één aankruisen*)

Nederland	
Duitsland	
Nederlandse Antillen	
Marokko	
Suriname	
Turkije	
Ander land, namelijk:	

Vraag 10:

Wanneer u niet in Nederland bent geboren _____
...of hoeveel jaar woont u al in Nederland?

Vraag 11:

Wat is het geboorteland van uw moeder? (*één aankruisen*)

Nederland	
Duitsland	
Nederlandse Antillen	
Marokko	
Suriname	
Turkije	
Ander land, namelijk:	

Vraag 12:

Wat is het geboorteland van uw vader? (*één aankruisen*)

Nederland	
Duitsland	
Nederlandse Antillen	
Marokko	
Suriname	
Turkije	
Ander land, namelijk:	

1.4. Huishouden

Vraag 13:

Hoeveel kinderen heeft u? (*aantal invullen*) _____

Vraag 14:

Kenmerken kinderen: (*aankruisen en invullen*)

		Kind 1	Kind 2	Kind 3	Kind 4	Kind 5	Kind 6
Sexe	<i>man</i>						
	<i>vrouw</i>						
Leeftijd							
Woon- situatie kind	<i>woont bij respondent</i>						
	<i>woont bij (ex-) partner</i>						
	<i>woont zelfstandig</i>						
	<i>anders, namelijk ...</i>						
Kan dit kind u hulp bieden bij uw problemen? <i>(vul in ja / nee)</i>							

Vraag 15:

Heeft u een partner?

Nee	Ja

Vraag 16:

Woont hij/zij in uw woning?

Nee	Ja

Vraag 17:

Kan uw partner uw hulp bieden bij uw problemen?

Nee	Ja

Vraag 18:

Wonen er verder nog personen in uw woning?

Nee	Ja, namelijk ...
	Persoon-1:
	Persoon-2:
	Persoon-3:

Vraag 19:

Kunnen deze personen uw hulp bieden bij uw problemen?

	Nee	Ja
Persoon-1		
Persoon-2		
Persoon-3		

Vraag 20: Inkomen

Indien u alles bij elkaar optelt, wat is dan het maandelijkse netto inkomen van uw totale huishouden (na aftrek van belastingen en sociale verzekeringspremies)

(aankruisen)

geen inkomen	
minder dan €500	
500-1000	
1000-1500	
1500-2000	
2000-2500	
2500-3000	
meer dan 3000	
weet ik niet	
wil ik niet zeggen	
anders, namelijk:	

1.5. Problematiek

Instructie voor interviewer

Vraag 2: Eerst als open vraag stellen, indien dat niet lukt: helpen door onderstaand lijstje voor te lezen aan respondent (*meerdere antwoorden mogelijk*).

Vraag 3: Na beantwoording Vraag 2 de daarbij aangekruiste items aflopen en aankruisen:

- Tijdelijk OF chronisch.
- Situationeel OF algemeen.

Vraag 21:

Wat is de aard van uw problematiek waarvoor u zich bij _____ heeft aangemeld? (*meerdere antwoorden mogelijk*)

Vraag 22:

Wat voor type problematiek is dit? (*aankruisen, meerdere antwoorden mogelijk*)

- Tijdelijke problemen
- Langdurige problemen

	Vraag 2	Vraag 3	
		Tijdelijk	Langdurig
<u>Lichamelijk</u>			
<u>Psychisch</u> (depressie, rouw, angst, slaapproblemen, verslaving)			
<u>Psychosociaal</u> (eenzaamheid, beperkt sociaal netwerk, geen reguliere dagbesteding, beperkte maatschappelijke participatie)			
<u>Relationeel</u> (scheiding, opvoedproblematiek, conflicten met anderen of instanties)			
<u>Sociaalmaterieel</u> (schuldsanering, armoede, administratie)			
<u>Onveiligheid</u> (bedreiging, huiselijk geweld, seksueel geweld)			
<u>Mantelzorglast</u> (het lukt niet te zorgen voor familie/vrienden/kennissen)			
<u>Anders, namelijk...</u>			

DEEL 2: Vragen over u als persoon

2.1. Algemeen

Vraag 23:

Instructie voor interviewer

Leg respondent Schaal 1 ("Bent u het eens met de stelling?") van het afscheurblad voor.

Ik noem straks een aantal persoonlijkheidskenmerken die wel of niet bij u kunnen passen. Geef alstublieft aan in hoeverre u het eens bent met elke uitspraak.

U kunt antwoord geven op een schaal van 1 (helemaal mee oneens) tot 5 (helemaal mee eens). Het middelste punt van de schaal is het getal 3: neutraal.

Het is de bedoeling dat u de combinatie van persoonlijkheidskenmerken in gedachten houdt, ook wanneer het ene kenmerk sterker op u van toepassing is dan het ander.

Ik zie mijzelf als:

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Extravert, enthousiast					
2. Kritisch, koppig					
3. Betrouwbaar, gedisciplineerd					
4. Angstig, snel van streek					
5. Open voor nieuwe ervaringen, eigenwijs					
6. Terughoudend, stilletjes					
7. Sympathiek, warm					
8. Ongeorganiseerd, slordig					
9. Kalm, emotioneel stabiel					
10. Conventioneel, niet creatief					

1.2. Competentie

Vraag 24:

De volgende vragen hebben betrekking op het vertrouwen dat u heeft in uzelf. Geef aan in hoeverre u het met de volgende stellingen eens of oneens bent.

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Ik heb vaak het gevoel dat ik zelfstandig iets heb bereikt.					
2. Ik heb vaak het gevoel dat ik zelf iets kan oplossen.					
3. Ik ben over het algemeen goed in de dingen die ik doe.					
4. Ik heb het gevoel dat ik zelfs de meest moeilijke opdrachten kan afronden als ik echt mijn best doe.					

1.3. Autonomie

Vraag 25:

De volgende stellingen gaan over de vraag in hoeverre in staat bent om zelfstandig te denken en te handelen, dat wil zeggen: zonder dat andere mensen u vertellen wat u moet denken of moet doen.

Geef aan in hoeverre u het met de volgende stellingen eens of oneens bent:

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Ik heb vaak het gevoel dat ik mezelf kan zijn.					
2. Ik heb vaak het gevoel dat ik moet doen wat anderen zeggen.					
3. Als ik kon kiezen zou ik veel dingen in mijn leven anders doen.					
4. Veel dingen die ik doe, doe ik, omdat ik die echt zelf wil doen.					
5. Ik voel me vrij om mijn leven in te richten zoals ik dat wil.					
6. Ik heb vaak het gevoel dat ik dingen doe die ik zelf niet echt wil.					

DEEL 3:
Vragen over u en uw sociale omgeving

3.1. Algemeen

Instructie voor interviewer

- Vraag 7
- Bij de volgende gemeenschappen ALTIJD de vragen doorlopen:
 - Familie binnen het huishouden
 - Familie buiten het huishouden
 - Vrienden
 - Buren
 - Wanneer de respondent bijvoorbeeld als etnisch culturele groep “Marokkaanse gemeenschap” noemt, in de rest van het interview niet meer spreken van “etnisch culturele groep” maar van “Marokkaanse gemeenschap”.
 - Ga vervolgens naar vragen hieronder over betreffende gemeenschap (Deel 3.2, 3.3, etc.).

De volgende vragen hebben betrekking op uw sociale omgeving, dus uw familie, vrienden, burens etc.

Vraag 26:

Maakt u – behalve van familie-, vrienden- en burens-gemeenschappen - verder nog onderdeel uit van een gemeenschap?

Ja	Nee

Vraag 27:

Zo ja, welke (aankruisen, meerdere mogelijkheden)

Religieuze gemeenschap	
Etnisch culturele gemeenschap	
Anders, namelijk:	

Vraag		Aantal
28	Hoeveel mensen in uw sociale netwerk zijn lid van een andere etnisch-culturele groep dan u?	
29	Hoeveel mensen in uw sociale netwerk hebben een andere religieuze achtergrond dan u?	
30	Hoeveel mensen in uw sociale netwerk hebben ander werk dan u, bijvoorbeeld andere sector?	
31	<i>Indien de respondent geen betaalde baan heeft:</i> Hoeveel mensen uit uw sociale netwerk hebben een betaalde baan?	

3.2. Familie binnen uw huishouden

Sociaal netwerk

Vraag 32:

Aantal

Hoeveel familieleden binnen uw huishouden ziet of spreekt u (in het echt of per telefoon) minimaal een keer per maand?

Vraag 33:

Instructie voor interviewer

Leg respondent Schaal 2 ("Hoe vaak ziet u bepaalde personen?") van het afscheurblad voor.

Met het familielid binnen uw huishouden waarmee u het meeste contact heeft: hoe vaak ziet of spreekt u die persoon (exclusief leden van het huishouden)?

1	2	3	4	5
Maandelijks of minder	Een aantal keer per maand	Wekelijks	Een aantal keer per week	Dagelijks

Vraag 34:	Aantal
Hoeveel familieleden binnen uw huishouden, die u minimaal een keer per maand spreekt, zou u als lange-afstandsrelatie beschouwen?	

Vraag	Sociale steun	Aantal
35	Bij hoeveel familieleden binnen uw huishouden voelt u zich voldoende nabij zodat u hen kunt aanspreken voor hulp?	
36	Bij hoeveel familieleden binnen uw huishouden voelt u zich op uw gemak, zodat u kunt praten over uw privéleven?	

Vraag 37: Collective efficacy

Denk bij de volgende vraag aan uw familie binnen uw huishouden en de manier waarop deze groep mensen u kan helpen bij het oplossen van de problemen, waarvoor u zich bij l heeft aangemeld.

Geef alstublieft aan in hoeverre u het helemaal mee eens, mee eens, neutraal, mee oneens, helemaal mee oneens bent met de volgende stellingen.

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Mijn familieleden binnen mijn huishouden zijn beter dan andere mensen in staat om elkaar te helpen.					

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
2. Mijn familieleden binnen mijn huishouden zijn minder goed in het helpen van elkaar in vergelijking met andere families.					
3. Mijn familieleden binnen mijn huishouden zijn niet in staat om elkaar te helpen op de manier zoals dat zou moeten.					
4. Mijn familieleden binnen mijn huishouden kunnen erg goed andere mensen helpen.					
5. Sommige familieleden binnen mijn huishouden zijn niet in staat om mij te helpen, omdat ze dat niet kunnen.					
6. De hulp van mijn familieleden binnen mijn huishouden is niet erg goed.					
7. Sommige familieleden binnen mijn huishouden zijn niet goed in het bieden van hulp.					

Vraag 38: Verbondenheid

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Ik voel me niet erg verbonden met mijn familie binnen mijn huishouden.					
2. Als ik bij familie binnen mijn huishouden ben, heb ik vaak het gevoel dat ik onderdeel uitmaak van een groep.					
3. Met mijn familieleden binnen mijn huishouden kan ik gemakkelijk praten over moeilijke onderwerpen en zaken die echt belangrijk voor me zijn.					
4. Ik voel me vaak alleen wanneer ik met familie binnen mijn huishouden ben.					
5. Sommige familieleden binnen mijn huishouden beschouw ik als goede vrienden van me.					

Vraag 39: Normen

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Men moet altijd op familie kunnen rekenen.					

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
2. Familieleden binnen een huishouden moeten elkaar helpen in goede en slechte tijden.					
3. Als iemand problemen heeft moet de familie binnen een huishouden er zijn om ondersteuning te bieden.					
4. Familieleden binnen een huishouden moeten klaar staan om elkaar te helpen, ook als ze elkaar niet mogen.					

Vraag 40: Cognities

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Mijn welzijn is de verantwoordelijkheid van mijn familie binnen mijn huishouden.					
2. Men moet het advies van een familielid binnen mijn huishouden helemaal volgen.					
3. Een familielid binnen mijn huishouden moet mij vertellen wat ik moet doen.					
4. Als ondeskundige moet ik de beslissingen aan een familielid binnen het huishouden overlaten.					

3.3. Familie buiten uw huishouden

Sociaal netwerk

Vraag 41:

Aantal

Hoeveel familieleden buiten uw huishouden ziet of spreekt u (in het echt of per telefoon) minimaal een keer per maand?

Vraag 42:

Instructie voor interviewer

Leg respondent Schaal 2 ("Hoe vaak ziet u bepaalde personen?") van het afscheurblad voor.

Met het familielid buiten uw huishouden waarmee u het meeste contact heeft: hoe vaak ziet of spreekt u die persoon (exclusief leden van het huishouden)?

1	2	3	4	5
Maandelijks of minder	Een aantal keer per maand	Wekelijks	Een aantal keer per week	Dagelijks

Vraag 43:	Aantal
Hoeveel familieleden buiten uw huishouden, die u minimaal een keer per maand spreekt, zou u als lange-afstandsrelatie beschouwen?	

Vraag	Sociale steun	Aantal
44	Bij hoeveel familieleden buiten uw huishouden voelt u zich voldoende nabij zodat u hen kunt aanspreken voor hulp?	
45	Bij hoeveel familieleden buiten uw huishouden voelt u zich op uw gemak, zodat u kunt praten over uw privéleven?	

Vraag 46: Collective efficacy

Denk bij de volgende vraag aan uw familie buiten uw huishouden en de manier waarop deze groep mensen u kan helpen bij het oplossen van de problemen, waarvoor u zich bij _____ heeft aangemeld.

Geef alstublieft aan in hoeverre u het helemaal mee eens, mee eens, neutraal, mee oneens, helemaal mee oneens bent met de volgende stellingen.

	1	2	3	4	5
	Helemaal mee oneens	Mee oneens	Neutraal	Mee eens	Helemaal mee eens
1. Mijn familieleden buiten mijn huishouden zijn beter dan andere mensen in staat om elkaar te helpen.					

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
2. Mijn familieleden buiten mijn huishouden zijn minder goed in het helpen van elkaar in vergelijking met andere families.					
3. Mijn familieleden buiten mijn huishouden zijn niet in staat om elkaar te helpen op de manier zoals dat zou moeten.					
4. Mijn familieleden buiten mijn huishouden kunnen erg goed andere mensen helpen.					
5. Sommige familieleden buiten mijn huishouden zijn niet in staat om mij te helpen, omdat ze dat niet kunnen.					
6. De hulp van mijn familieleden buiten mijn huishouden is niet erg goed.					
7. Sommige familieleden buiten mijn huishouden zijn niet goed in het bieden van hulp.					

Vraag 47: Verbondenheid

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Ik voel me niet erg verbonden met mijn familie buiten mijn huishouden.					
2. Als ik bij familie buiten mijn huishouden ben, heb ik vaak het gevoel dat ik onderdeel uitmaak van een groep.					
3. Met mijn familieleden buiten mijn huishouden kan ik gemakkelijk praten over moeilijke onderwerpen en zaken die echt belangrijk voor me zijn.					
4. Ik voel me vaak alleen wanneer ik met familie buiten mijn huishouden ben.					
5. Sommige familieleden buiten mijn huishouden beschouw ik als goede vrienden van me.					

Vraag 48: Normen

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Men moet altijd op familie buiten het huishouden kunnen rekenen.					
2. Familieleden buiten een huishouden moeten elkaar helpen in goede en slechte tijden.					
3. Als iemand problemen heeft moet de familie buiten een huishouden er zijn om ondersteuning te bieden.					
4. Familieleden buiten een huishouden moeten klaar staan om elkaar te helpen, ook als ze elkaar niet mogen.					

Vraag 49: Cognities

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Mijn welzijn is de verantwoordelijkheid van mijn familie buiten mijn huishouden.					
2. Men moet het advies van een familielid buiten mijn huishouden helemaal volgen.					
3. Een familielid buiten mijn huishouden moet mij vertellen wat ik moet doen.					
4. Als ondeskundige moet ik de beslissingen aan een familielid buiten het huishouden overlaten.					

3.4. Vrienden

Sociaal netwerk

Vraag 50:

Aantal

Hoeveel vrienden ziet of spreekt u minimaal een keer per maand?

Vraag 51:

Instructie voor interviewer

Leg respondent Schaal 2 ("Hoe vaak ziet u bepaalde personen?") van het afscheurblad voor.

Met de vriend of vriendin waarmee u het meeste contact heeft: hoe vaak ziet of spreekt u die persoon?

1	2	3	4	5
Maandelijks of minder	Een aantal keer per maand	Wekelijks	Een aantal keer per week	Dagelijks

Vraag	Sociale steun	Aantal
52	Bij hoeveel vrienden voelt u zich voldoende nabij zodat u hen kunt aanspreken voor hulp?	
53	Bij hoeveel vrienden voelt u zich op uw gemak, zodat u kunt praten over uw privéleven?	

Vraag 54	Aantal
Hoeveel vrienden, die u minimaal een keer per maand spreekt, zou u als lange-afstandsrelatie beschouwen?	

Vraag 55: Collective efficacy

Denk bij de volgende vraag aan uw vrienden en de manier waarop deze groep mensen u kan helpen bij het oplossen van de problemen, waarvoor u zich bij | heeft aangemeld.

Geef alstublieft aan in hoeverre u het helemaal mee eens, mee eens, neutraal, mee oneens, helemaal mee oneens bent met de volgende stellingen.

	1	2	3	4	5
	Helemaal mee oneens	Mee oneens	Neutraal	Mee eens	Helemaal mee eens
1. Mijn vrienden zijn beter dan andere mensen in staat om elkaar te helpen.					

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
2. Mijn vrienden zijn minder goed in het helpen van elkaar in vergelijking met andere vriendengroepen.					
3. Mijn vrienden zijn niet instaat om elkaar te helpen op de manier zoals dat zou moeten.					
4. Mijn vrienden kunnen erg goed andere mensen helpen.					
5. Sommige vrienden zijn niet in staat om mij te helpen, omdat ze dat niet kunnen.					
6. De hulp van mijn vrienden is niet erg goed.					
7. Sommige vrienden zijn niet goed in het bieden van hulp.					

Vraag 56: Verbondenheid

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Ik voel me niet erg verbonden met mijn vrienden.					
2. Als ik bij vrienden ben, heb ik vaak het gevoel dat ik onderdeel uit maak van een groep.					
3. Met mijn vrienden kan ik gemakkelijk praten over moeilijke onderwerpen en zaken die echt belangrijk voor me zijn.					
4. Ik voel me vaak alleen wanneer ik met vrienden ben.					

Vraag 57: Normen

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 mee eens	5 Helemaal mee eens
1. Men moet altijd op vrienden kunnen rekenen.					
2. Vrienden moeten elkaar helpen in goede en slechte tijden.					
3. Als iemand problemen heeft moeten vrienden er zijn om ondersteuning te bieden.					

Vraag 58: Cognities

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 mee eens	5 Helemaal mee eens
1. Mijn welzijn is de verantwoordelijkheid van mijn vrienden.					
2. Men moet het advies van een vriend helemaal volgen.					
3. Een vriend moet mij vertellen wat ik moet doen.					
4. Als ondeskundige moet ik de beslissingen aan een vriend overlaten.					

3.5. Buren

Sociaal netwerk

Vraag 59:

Aantal

Hoeveel buren ziet of spreekt u minimaal een keer per maand?

Vraag 60:

Instructie voor interviewer

Leg respondent Schaal 2 ("Hoe vaak ziet u bepaalde personen?") van het afscheurblad voor.

Met de buurman/buurvrouw waarmee u het meeste contact heeft: hoe vaak ziet of spreekt u die persoon?

1	2	3	4	5
Maandelijks of minder	Een aantal keer per maand	Wekelijks	Een aantal keer per week	Dagelijks

Vraag	Sociale steun	Aantal
61	Bij hoeveel buren voelt u zich voldoende nabij zodat u hen kunt aanspreken voor hulp?	
62	Bij hoeveel buren voelt u zich op uw gemak, zodat u kunt praten over uw privéleven?	

Vraag 63: Collective efficacy

Denk bij de volgende vraag aan uw buren en de manier waarop deze groep mensen u kan helpen bij het oplossen van de problemen, waarvoor u zich bij | heeft aangemeld.

Geef alstublieft aan in hoeverre u het helemaal mee eens, mee eens, neutraal, mee oneens, helemaal mee oneens bent met de volgende stellingen.

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Mijn buren zijn beter dan andere mensen in staat om elkaar te helpen.					
2. Mijn buren zijn minder goed in het helpen van elkaar in vergelijking met andere buurtgemeenschappen.					
3. Mijn buren zijn niet in staat om elkaar te helpen op de manier zoals dat zou moeten.					

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
4. Mijn burens kunnen erg goed andere mensen helpen.					
5. Sommige burens zijn niet in staat om mij te helpen, omdat ze dat niet kunnen.					
6. De hulp van mijn burens is niet erg goed.					
7. Sommige burens zijn niet goed in het bieden van hulp.					

Vraag 64: Verbondenheid

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Ik voel me niet erg verbonden met mijn burens.					
2. Als ik bij burens ben, heb ik vaak het gevoel dat ik onderdeel uit maak van een groep.					
3. Met mijn burens kan ik gemakkelijk praten over moeilijke onderwerpen en zaken die echt belangrijk voor me zijn.					
4. Ik voel me vaak alleen wanneer ik met burens ben.					
5. Sommige burens beschouw ik als goede vrienden van me.					

Vraag 65: Normen

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Men moet altijd op burens kunnen rekenen.					
2. Burens moeten elkaar helpen in goede en slechte tijden.					
3. Als iemand problemen heeft moeten burens er zijn om ondersteuning te bieden.					
4. Burens moeten klaar staan om elkaar te helpen, ook als ze elkaar niet mogen.					

Vraag 66: Cognities

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Mijn welzijn is de verantwoordelijkheid van mijn burens.					
2. Men moet het advies van een buurman of buurvrouw helemaal volgen.					
3. Een buurman of buurvrouw moet mij vertellen wat ik moet doen.					
4. Als ondeskundige moet ik de beslissingen aan een buurman of buurvrouw overlaten.					

3.6. Religieuze gemeenschap

Sociaal netwerk

Vraag 67:

Aantal

Hoeveel personen uit uw religieuze gemeenschap ziet of spreekt u minimaal een keer per maand?

Vraag 68:

Instructie voor interviewer

Leg respondent Schaal 2 ("Hoe vaak ziet u bepaalde personen?") van het afscheurblad voor.

Met de persoon uit uw religieuze gemeenschap waarmee u het meeste contact heeft: hoe vaak ziet of spreekt u die persoon?

1	2	3	4	5
Maandelijks of minder	Een aantal keer per maand	Wekelijks	Een aantal keer per week	Dagelijks

Vraag 69:	Aantal
Hoeveel leden uit uw religieuze gemeenschap, die u minimaal een keer per maand spreekt, zou u als lange-afstandsrelatie beschouwen?	

Vraag	Sociale steun	Aantal
70	Bij hoeveel leden van uw religieuze gemeenschap voelt u zich voldoende nabij zodat u hen kunt aanspreken voor hulp?	
71	Bij hoeveel leden van uw religieuze gemeenschap voelt u zich op uw gemak, zodat u kunt praten over uw privéleven?	

Vraag 72: Collective efficacy

Denk bij de volgende vraag aan uw religieuze gemeenschap en de manier waarop deze groep mensen u kan helpen bij het oplossen van de problemen, waarvoor u zich bij _____ heeft aangemeld.

Geef alstublieft aan in hoeverre u het helemaal mee eens, mee eens, neutraal, mee oneens, helemaal mee oneens bent met de volgende stellingen.

	1	2	3	4	5
	Helemaal mee oneens	Mee oneens	Neutraal	Mee eens	Helemaal mee eens
1. De leden van mijn religieuze gemeenschap zijn beter dan andere mensen in staat om elkaar te helpen.					

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
2. De leden van mijn religieuze gemeenschap zijn minder goed in het helpen van elkaar in vergelijking met andere religieuze gemeenschappen.					
3. De leden van mijn religieuze gemeenschap zijn niet in staat om elkaar te helpen op de manier zoals dat zou moeten.					
4. De leden van mijn religieuze gemeenschap kunnen erg goed andere mensen helpen.					
5. Sommige leden van mijn religieuze gemeenschap zijn niet in staat om mij te helpen, omdat ze dat niet kunnen.					
6. De hulp van de leden van mijn religieuze gemeenschap is niet erg goed.					
7. Sommige leden in mijn religieuze gemeenschap zijn niet goed in het bieden van hulp.					

Vraag 73: Verbondenheid

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Ik voel me niet erg verbonden met (mensen in) mijn religieuze gemeenschap .					
2. Als ik bij mensen uit mijn religieuze gemeenschap ben, heb ik vaak het gevoel dat ik onderdeel uit maak van een groep.					
3. Met (mensen in) mijn religieuze gemeenschap kan ik gemakkelijk praten over moeilijke onderwerpen en zaken die echt belangrijk voor me zijn.					
4. Ik voel me vaak alleen wanneer ik een bijeenkomst van mijn religieuze gemeenschap bijwoon.					
5. Sommige mensen in mijn religieuze gemeenschap beschouw ik als goede vrienden van me.					

Vraag 74: Normen

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Men moet altijd op zijn/haar religieuze gemeenschap kunnen rekenen.					

2. De leden van een religieuze gemeenschap moeten elkaar helpen in goede en slechte tijden.					
3. Als iemand problemen heeft moeten de leden van een religieuze gemeenschap er zijn om ondersteuning te bieden.					
4. Leden van religieuze gemeenschappen moeten klaar staan om elkaar te helpen, ook als ze elkaar niet mogen.					

Vraag 75: Cognities

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Mijn welzijn is de verantwoordelijkheid van mijn religieuze gemeenschap.					
2. Men moet het advies van de leden van een religieuze gemeenschap helemaal volgen.					
3. Leden van mijn religieuze gemeenschap moeten mij vertellen wat ik moet doen.					
4. Als ondeskundige moet ik de beslissingen aan leden uit mijn religieuze groep overlaten.					

3.7. Etnisch-culturele gemeenschap

Sociaal netwerk

Vraag 76:

Aantal

Hoeveel personen uit uw etnisch-culturele gemeenschap ziet of spreekt u minimaal een keer per maand?

Vraag 77:

Instructie voor interviewer

Leg respondent Schaal 2 ("Hoe vaak ziet u bepaalde personen?") van het afscheurblad voor.

Met de persoon uit uw etnisch-culturele gemeenschap waarmee u het meeste contact heeft: hoe vaak ziet of spreekt u die persoon?

1	2	3	4	5
Maandelijks of minder	Een aantal keer per maand	Wekelijks	Een aantal keer per week	Dagelijks

Vraag 78	Aantal
Hoeveel leden uit uw etnisch-culturele gemeenschap, die u minimaal een keer per maand spreekt, zou u als lange-afstandsrelatie beschouwen?	

Vraag	Sociale steun	Aantal
79	Bij hoeveel leden uit uw etnisch-culturele gemeenschap voelt u zich voldoende nabij zodat u hen kunt aanspreken voor hulp?	
80	Bij hoeveel leden uit uw etnisch-culturele gemeenschap voelt u zich op uw gemak, zodat u kunt praten over uw privéleven?	

Vraag 81: Collective efficacy

Denk bij de volgende vraag aan uw etnisch-culturele gemeenschap en de manier waarop deze groep mensen u kan helpen bij het oplossen van de problemen, waarvoor u zich bij _____ heeft aangemeld.

Geef alstublieft aan in hoeverre u het helemaal mee eens, mee eens, neutraal, mee oneens, helemaal mee oneens bent met de volgende stellingen.

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. De leden van mijn etnisch-culturele gemeenschap zijn beter dan andere mensen in staat om elkaar te helpen.					

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
2. De leden van mijn etnisch-culturele gemeenschap zijn minder goed in het helpen van elkaar in vergelijking met andere etnisch-culturele gemeenschappen.					
3. De leden van mijn etnisch-culturele gemeenschap zijn niet in staat om elkaar te helpen op de manier zoals dat zou moeten.					
4. De leden van mijn etnisch-culturele gemeenschap kunnen erg goed andere mensen helpen.					
5. Sommige leden van mijn etnisch-culturele gemeenschap zijn niet in staat om mij te helpen, omdat ze dat niet kunnen.					
6. De hulp van de leden van mijn etnisch-culturele gemeenschap is niet erg goed.					
7. Sommige leden van mijn etnisch-culturele gemeenschap zijn niet goed in het bieden van hulp.					

Vraag 82: Verbondenheid

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Ik voel me niet erg verbonden met (mensen in) mijn etnisch-culturele gemeenschap.					
2. Als ik bij mensen uit mijn etnisch-culturele gemeenschap ben, heb ik vaak het gevoel dat ik onderdeel uitmaak van een groep.					
3. Met (mensen in) mijn etnisch-culturele gemeenschap kan ik gemakkelijk praten over moeilijke onderwerpen en zaken die echt belangrijk voor me zijn.					
4. Ik voel me vaak alleen wanneer ik met (mensen in) mijn etnisch-culturele gemeenschap ben.					
5. Sommige mensen in mijn (mensen in) mijn etnisch-culturele gemeenschap beschouw ik als goede vrienden van me.					

Vraag 83: Normen

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Men moet altijd op zijn/haar etnisch-culturele gemeenschap kunnen rekenen.					
2. De leden van een etnisch-culturele gemeenschap moeten elkaar helpen in goede en slechte tijden.					
3. Als iemand problemen heeft moeten de etnisch-culturele gemeenschap er zijn om ondersteuning te bieden.					
4. Leden uit een etnisch-culturele gemeenschap moeten klaar staan om elkaar te helpen, ook als ze elkaar niet mogen.					

Vraag 84: Cognities

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Mijn welzijn is de verantwoordelijkheid van mijn etnisch-culturele gemeenschap.					
2. Men moet het advies van de leden van een etnische-culturele gemeenschap helemaal volgen.					
3. Leden van mijn etnisch-culturele gemeenschap moeten mij vertellen wat ik moet doen.					
4. Als ondeskundige moet ik de beslissingen aan leden uit mijn etnisch culturele groep overlaten.					

3.8. Anders, namelijk: (invullen)

Sociaal netwerk

Vraag 85:

Aantal

Hoeveel personen uit uw **XXX** gemeenschap ziet of spreekt u minimaal een keer per maand?

Vraag 86:

Instructie voor interviewer

Leg respondent Schaal 2 ("Hoe vaak ziet u bepaalde personen?") van het afscheurblad voor.

Met de persoon uit uw **XXX** gemeenschap waarmee u het meeste contact heeft: hoe vaak ziet of spreekt u die persoon?

1	2	3	4	5
Maandelijks of minder	Een aantal keer per maand	Wekelijks	Een aantal keer per week	Dagelijks

Vraag 87:	Aantal
Hoeveel leden uit uw XXX gemeenschap, die u minimaal een keer per maand spreekt, zou u als lange-afstandsrelatie beschouwen?	

Vraag	Sociale steun	Aantal
88	Bij hoeveel leden uit uw XXX gemeenschap voelt u zich voldoende nabij zodat u hen kunt aanspreken voor hulp?	
89	Bij hoeveel leden uit uw XXX gemeenschap voelt u zich op uw gemak, zodat u kunt praten over uw privéleven?	

Vraag 90: Collective efficacy

Denk bij de volgende vraag aan uw **XXX** gemeenschap en de manier waarop deze groep mensen u kan helpen bij het oplossen van de problemen, waarvoor u zich bij _____ heeft aangemeld.

Geef alstublieft aan in hoeverre u het helemaal mee eens, mee eens, neutraal, mee oneens, helemaal mee oneens bent met de volgende stellingen.

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. De leden van mijn XXX gemeenschap zijn beter dan andere mensen in staat om elkaar te helpen.					

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
2. De leden van mijn XXX gemeenschap zijn minder goed in het helpen van elkaar in vergelijking met andere XXX gemeenschappen.					
3. De leden van mijn XXX gemeenschap zijn niet in staat om elkaar te helpen op de manier zoals dat zou moeten.					
4. Mijn XXX gemeenschap kunnen erg goed andere mensen helpen.					
5. Sommige leden van mijn XXX gemeenschap zijn niet in staat om mij te helpen, omdat ze dat niet kunnen.					
6. De hulp van de leden van mijn XXX gemeenschap is niet erg goed.					
7. Sommige leden van mijn XXX gemeenschap zijn niet goed in het bieden van hulp.					

Vraag 91: Verbondenheid

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Ik voel me niet erg verbonden met (mensen in) mijn XXX gemeenschap.					
2. Als ik bij mensen uit mijn XXX gemeenschap ben, heb ik vaak het gevoel dat ik onderdeel uit maak van een groep.					
3. Met (mensen in) mijn XXX gemeenschap kan ik gemakkelijk praten over moeilijke onderwerpen en zaken die echt belangrijk voor me zijn.					
4. Ik voel me vaak alleen wanneer ik met (mensen in) mijn XXX gemeenschap ben.					
5. Sommige mensen in mijn XXX gemeenschap beschouw ik als goede vrienden van me.					

Vraag 92: Normen

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Men moet altijd op zijn/haar XXX gemeenschap kunnen rekenen.					

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
2. De leden van een XXXX gemeenschap moeten elkaar helpen in goede en slechte tijden.					
3. Als iemand problemen heeft moeten de leden van een XXXX gemeenschap er zijn om ondersteuning te bieden.					
4. Leden van een XXXX gemeenschap moeten klaar staan om elkaar te helpen, ook als ze elkaar niet mogen.					

Vraag 93: Cognities

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Mijn welzijn is de verantwoordelijkheid van mijn XXXX gemeenschap.					
2. Men moet het advies van de leden van een XXXX gemeenschap helemaal volgen.					
3. Leden van mijn XXXX gemeenschap moeten mij vertellen wat ik moet doen.					
4. Als ondeskundige moet ik de beslissingen aan leden uit mijn XXXX groep overlaten.					

DEEL 4:
Vragen over uw maatschappelijk hulpverlener van U-Centraal

Vraag 94:

Hoe vaak heeft u contact met u maatschappelijk hulpverlener?

1	2	3	4	5
Maandelijks of minder	Een aantal keer per maand	Wekelijks	Een aantal keer per week	Dagelijks

Vraag 95: Sociale steun

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Mijn maatschappelijk hulpverlener van U-Centraal staat dicht bij me, zodat ik hem/haar kan vragen om hulp.					
2. Doordat ik me op mijn gemak voel bij mijn maatschappelijk hulpverlener van U-Centraal, kan ik met hem/haar praten over mijn privéleven.					

Vraag 96: Verbondenheid

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Ik voel me niet erg verbonden met mijn maatschappelijk hulpverlener van U-Centraal.					
2. Met mijn maatschappelijk hulpverlener van U-Centraal kan ik gemakkelijk praten over moeilijke onderwerpen en dingen die echt belangrijk voor me zijn.					
3. Ik voel me vaak alleen wanneer ik bij mijn maatschappelijk hulpverlener van U-Centraal ben.					
4. Mijn maatschappelijk hulpverlener van U-Centraal zie ik als goede vriend van me.					

Vraag 97: Cognities

	1	2	3	4	5
	Helemaal mee oneens	Mee oneens	Neutraal	Mee eens	Helemaal mee eens
1. Mijn welzijn is de verantwoordelijkheid van mijn maatschappelijk hulpverlener van U-Centraal.					
2. Men moet het advies van een maatschappelijk hulpverlener helemaal volgen.					
3. Als professional moet een maatschappelijk hulpverlener mij vertellen wat ik moet doen.					
4. Als ondeskundige moet ik de beslissingen aan een maatschappelijk hulpverlener overlaten.					

5.2. Extrinsicieke motivatie

Vraag 99: Extrinsicieke motivatie om zelfredzaam te zijn

Ik los mijn eigen problemen op....

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1.Omdat mensen in mijn omgeving van me verwachten dat ik me hiervoor inzet.					
2.Omdat het iets is dat ik moet doen van anderen.					
3.Omdat ik het gevoel heb dat ik geen andere keuze heb.					
4.Omdat ik het gevoel heb dat ik word gedwongen me hiervoor in te zetten.					

Vraag 100: Extrinsicieke motivatie vanuit hulpverlening

Ik los mijn eigen problemen op....

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Omdat mijn maatschappelijk hulpverlener verwacht dat ik me hiervoor inzet.					
2. Omdat het iets is dat ik moet doen van mijn maatschappelijk hulpverlener.					
3. Omdat ik door mijn maatschappelijk hulpverlener het gevoel heb dat ik geen andere keuze heb.					
4. Omdat ik het gevoel heb dat ik word gedwongen door mijn maatschappelijk hulpverlener.					

DEEL 6:
Vragen over uw zelfredzaamheid

6.1. Coping

Vraag 101:

Instructie voor interviewer

- De dikgedrukte tussenkopjes niet noemen in het interview (zijn voor onszelf).
- Leg respondent Schaal 3 ("Hoe vaak doet u dit?") van het afscheurblad voor.

De volgende vragen gaan over manieren waarop problemen opgelost kunnen worden. Geef alstublieft aan hoe vaak u deze strategieën toepast. Houd bij het beantwoorden van de vragen het probleem/de problemen in gedachten waarvoor u zich bij heeft aangemeld.

U kunt antwoord geven op een schaal van 1 (ik doe dit nooit) tot 5 (ik doe dit altijd).

	1	2	3	4	5
	Ik doe dit nooit	Ik doe dit bijna nooit	Ik doe dit af en toe	Ik doe dit bijna altijd	Ik doe dit altijd
1. Actieve coping / probleemoplossing					
Ik probeer iets aan het probleem te doen.					
Ik onderneem actie om de situatie te verbeteren.					
2. Planning					
Ik bedenk een plan om wat aan het probleem te doen.					
Ik denk na over de stappen die ik moet ondernemen.					
3. Positieve herwaardering / herkadering					
Ik probeer de situatie positiever in te zien.					
Ik zoek iets goeds in de moeilijke situatie.					
4. Acceptatie					
Ik accepteer dat het is gebeurd.					
Ik leer te leven met de situatie.					
5. Humor					
Ik maak grapjes over het probleem.					
Ik neem de situatie niet serieus					
6. Religie					
Ik probeer troost te vinden in mijn religie of spiritualiteit.					
Ik bid of mediteer.					
7. Steun zoeken voor emotionele doeleinden					

	1 Ik doe dit nooit	2 Ik doe dit bijna nooit	3 Ik doe dit af en toe	4 Ik doe dit bijna altijd	5 Ik doe dit altijd
Ik zoek emotionele steun bij anderen.					
Ik zoek troost en begrip bij anderen.					
8. Steun zoeken voor instrumentele doeleinden					
Ik vraag anderen advies over wat ik aan de situatie kan doen.					
Ik zoek hulp en advies van anderen.					
9. Afleiding zoeken					
Ik zoek afleiding via werk of andere dingen.					
Ik doe dingen om er minder aan te hoeven denken, zoals naar de bioscoop gaan, televisie kijken, lezen, dagdromen, slapen of shoppen.					
10. Ontkenning					
Ik zeg tegen mijzelf dat het probleem niet echt is.					
Ik weiger te geloven dat het gebeurd is.					
11. Ventilatie					
Ik zeg dingen om mijn vervelende gevoelens kwijt te raken.					
Ik uit mijn negatieve gevoelens.					
12. Druggebruik					
Ik gebruik alcohol of andere drugs om mij beter te voelen.					
Ik gebruik alcohol of andere drugs om mij er doorheen te helpen.					
13. Terugtrekking					
Ik heb pogingen om ermee om te gaan opgegeven.					
Ik heb pogingen om het probleem op te lossen opgegeven.					
14. Zelfverwijt					
Ik bekritiseer mijzelf.					
Ik geef mijzelf de schuld van het probleem.					

6.2. Veerkracht

Vraag 102:

Geef alstublieft aan in hoeverre u het eens bent met de volgende uitspraken. U dient antwoord te geven op een schaal van 1 (helemaal mee oneens) tot 5 (helemaal mee eens). Het getal 3 vormt het middelste punt van de schaal: neutraal.

	1 Helemaal mee oneens	2 Mee oneens	3 Neutraal	4 Mee eens	5 Helemaal mee eens
1. Ik herstel snel na moeilijke tijden.					
2. Ik heb het moeilijk stressvolle gebeurtenissen door te komen.					
3. Het duurt niet lang voordat ik hersteld ben van een stressvolle gebeurtenis.					
4. Het is moeilijk voor mij de draad weer op te pakken wanneer er iets ergs gebeurd is.					
5. Meestal kom ik zonder problemen door moeilijke tijden.					
6. Ik heb lang de tijd nodig om over tegenslagen in mijn leven heen te komen.					

Einde interview:

Hartelijk dank voor uw medewerking!

BIJLAGE: Schalen → *afscheuren en aan respondent voorleggen*

Schaal 1: Bent u het eens met de stelling?

1	2	3	4	5
Helemaal mee oneens	Mee oneens	Neutraal	Mee eens	Helemaal mee eens

Schaal 2: Hoe vaak ziet u bepaalde personen?

1	2	3	4	5
Maandelijks of minder	Een aantal keer per maand	Wekelijks	Een aantal keer per week	Dagelijks

Schaal 3: Hoe vaak doet u dit?

1	2	3	4	5
Ik doe dit Nooit	Ik doe dit bijna nooit	Ik doe dit af en toe	Ik doe dit bijna altijd	Ik doe dit altijd

Annex 2: Sources of survey questions

Vraagnr.	Variabele	Naam schaal (wa ar mogelijk)	Bron	Jaar	Aanpassing	Bijzonderheden
1	Big 5	Ten-Item Personality Inventory (TIPI)	Gosling et al.	2003	Ja, vertaald.	item 2: 'quarrelsome' vertaald als koppig, ipv ruzieachtig item 5: 'complex' vertaald als eigenzinnig, omdat het gaat om nieuwsgierigheid/ eigenwijsheid en complex een vaag begrip is
2	Problematiek		MOgroep	2011	Uitgebreid met thema's die genoemd worden op sites van welzijnsorganisaties	
3	Problematiek		Rutter UMCG	1975 2014	idee van Rutter van levensterreinen gebruikt en omgevormd tot situationeel versus algemeen idee indeling tijdelijk versus chronisch gebruikt (daily hassles weggelaten, niet van toepassing)	
4	Competentie	Work-	Van den	2010	Ja, vertaald en omgevormd	

		related Basic Need Satisfaction scale	Broeck et al.		van werk naar algemeen	
5	Autonomie	Work-related Basic Need Satisfaction scale	Van den Broeck et al.	2010	Ja, vertaald en omgevormd van werk naar algemeen	
6	Hechte gemeenschap				In overleg met de groep en aan de hand van defenitie zelfredzaamheid zoals gebruikt in overheidsstukken	
7	Hechte gemeenschap				idem	
8 - 19	Sociaal Netwerk	LSNS	Campbell, et al.;	1986,	vertaald	Variabelen toegevoegd bij Lubben en Dainton & Ayllor: naast familie, vrienden ook burenen, religieuze gemeenschap & etnisch-culturele gemeenschap. Voor contact familieleden exclusief leden huishouden.
			Lubben;	1988,	vertaald	
			Dainton & Ayllor	2002	vertaald en omgevormd naar sociaal netwerk algemeen.	

20-31	Sociale Steun	LSNS-6	Lubben et al.	2006	Vertaald	Variabelen toegevoegd voor burens, religieuze gemeenschap & etnisch-culturele gemeenschap.
32	Collectieve efficacy	Collective efficacy beliefs scale	Riggs & Knight	1994	Vertaald en omgevormd van werk naar familie,vrienden,burens,religieuze groep, etnisch-culturele groep. Gespecificeerd naar inschatting van het kunnen van de groep op het gebied van hulp bij het probleem waarvoor bij is aangemeld.	Collective self-esteem is niet toepasbaar. Sampson(1999) meet sociale cohesie welke tevens onder Relatedness in de survey terugkomt.
33	Verbondenheid (sociaal netwerk)	Work-related Basic Need Satisfaction scale	Van den Broeck et al.	2010	Ja, vertaald en omgevormd van werk naar algemeen + verschillende groepen: Familie, vrienden, burens, religieuze groep, etnisch-culturele groep	
34	Verbondenheid (Hulpverlener)	Work-related Basic Need Satisfaction scale	Van den Broeck et al.	2010	Ja, vertaald en omgevormd van werk naar hulpverlener. Vraag 2 weggelaten omdat hulpverlener geen groep is.	
35	Intrinsieke	Situational	Guay et al.	2000	Ja, vertaald en aangepast	

	motivatie	Motivation Scale (SIMS)			van 'activiteiten' naar 'eigen problemen oplossen'	
36-37	Extrinsieke motivatie	Situational Motivation Scale (SIMS)	Guay et al.	2000	Ja, vertaald en aangepast van 'activiteiten' naar 'eigen problemen oplossen'	+ omgezet naar maatschappelijk werker (perceived coercion)
38	Normen	Self-administred questionnaire	Liefbroer & Mulder	2006	Ja, vertaald en omgezet naar vrienden, burens etc. (eigen vraagstelling erboven)	Vrienden: heeft 3 items ipv 4 (niet mogelijk om deze vraag voor vrienden om te zetten)
39	Cognities	Uit het Cologne-Patient-Questionnaire	Ommen et al.	2008	Ja, vertaald en omgezet naar maatschappelijk werker, vrienden, burens etc. (eigen vraagstelling erboven)	
40	Coping	Brief COPE	Carver	1997	Vertaald, bij sommige items probleem/situatie benadrukt, introductie zelf geschreven	de items onder 8 (instrumentele steun) zijn wel erg hetzelfde
41	Veerkracht	Brief Resilience Scale (BRS)	Smith et al.	2008	Vertaald	
42	Leeftijd		CBS	2014		

43	Geslacht		CBS	2014		
44	Burgelijke staat		CBS	2014		
45	Opleiding		CBS	2014		'anders, namelijk:' toegevoegd.
46	Beroep		TNO monitor arbeid (Zelfstandigen Enquête Arbeid)	2012	Nee	'anders, namelijk:...' toevoegen?
47	Religie		CBS	2014		
48	Religieusheid		CBS	2014		
49	Geboorteland		CBS	2014	Voornaamste landen van herkomst allochtonen in Nederland	
50	Aantal jaren in NL wanneer niet hier geboren					
51	Geboorteland moeder		CBS	2014	Voornaamste landen van herkomst allochtonen in Nederland	

52	Geboorteland Vader		CBS	2014	Voornaamste landen van herkomst allochtonen in Nederland	
53	Gezinssamenstelling		TNO, Nationale Enquête Arbeidsomstandigheden (NEA)	2013	Vraag toegevoegd	
54	Inkomen		Statistics Belgium http://statbel.fgov.be/nl/statistiek/gegevensinzameling/enquetes/silc/	2014	Categorie toegevoegd: weet niet, anders namelijk, wil niet zeggen.	
	.					

Annex 3: descriptive statistics with regard to normative solidarity

	Norms (%)					
	N	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Family within the household						
Able to count on each other	145	21,4	46,9	15,2	11,0	5,5
Helping each other in good and bad	145	24,1	56,6	11,7	4,8	2,8
Provide support if someone is troubled	145	19,3	56,6	15,2	6,2	2,8
Provide support even if they do not like each other	145	13,1	40,7	24,8	18,6	2,8
Family outside the household						
Able to count on each other	149	17,4	40,9	17,4	18,1	6
Helping each other in good and bad	149	22,1	53,7	14,1	8,7	1,3
Provide support if someone is troubled	149	16,8	51,7	20,1	9,4	2,0
Provide support even if they do not like each other	149	9,4	32,2	26,8	26,2	5,4
Friends						
Able to count on each other	150	12,0	55,3	12,7	18,0	2,0
Helping each other in good and bad	150	19,3	59,3	14,0	6,0	1,3
Provide support if someone is troubled	150	14,0	62,0	16,0	6,7	1,3
Neighbours						
Able to count on each other	149	5,4	30,9	30,2	27,5	6,0
Helping each other in good and bad	149	3,4	38,9	30,9	20,8	6,0
Provide support if someone is troubled	149	3,4	36,9	32,2	22,8	4,7
Provide support even if they do not like each other	148	0,7	23,6	31,1	36,5	8,1

Annex 4: descriptive statistics with regard to cognitions

	Cognitions (%)					
	N	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Family within the household						
My welfare is the responsibility of	92	4,3	30,4	16,3	32,6	16,3
One should follow the recommendations of	92	1,1	8,7	34,8	37,0	18,5
As an expert he or she should tell me what to do	92	1,1	2,2	27,2	34,8	34,8
As a medical lay person I should leave decisions to	92	0,0	6,5	20,7	32,6	40,2
Family outside the household						
My welfare is the responsibility of	143	1,4	17,5	16,1	42,7	22,4
One should follow the recommendations of	143	0,7	9,1	27,3	42,0	21,0
As an expert he or she should tell me what to do	143	0,7	4,9	17,5	49,0	28,0
As a medical lay person I should leave decisions to	143	-	6,3	16,1	51,7	25,9
Friends						
My welfare is the responsibility of	132	1,5	12,1	12,1	51,5	22,7
One should follow the recommendations of	132	-	0,8	33,3	50,8	15,2
As an expert he or she should tell me what to do	132	-	2,3	15,2	48,5	34,1
As a medical lay person I should leave decisions to	132	-	9,8	12,9	42,4	34,8
Neighbours						
My welfare is the responsibility of	144	-	6,9	16,7	44,4	31,9
One should follow the recommendations of	144	-	2,1	23,6	43,8	30,6
As an expert he or she should tell me what to do	144	-	1,4	13,9	45,1	39,6

As a medical lay person I should leave decisions to	144	-	2,8	18,1	38,9	40,3
Social worker						
My welfare is the responsibility of	148	2,0	29,1	14,9	37,8	16,2
One should follow the recommendations of	148	3,4	31,8	22,3	35,8	6,8
As an expert he or she should tell me what to do	148	2,0	29,1	20,9	41,9	6,1
As a medical lay person I should leave decisions to	148	4,1	23,0	23,0	36,5	13,5

Annex 5: descriptive statistics with regard to behavioural regulation

	Extrinsic motivation (%)					
	Social worker					
I try to solve my own problems:	N	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Because my social worker expects me to	149	5,4	30,9	18,1	38,9	6,7
Because it is something that I have to do of my social worker	149	2,0	19,5	15,4	54,4	8,7
Because my social worker gives me no other choice	149	1,3	16,8	18,8	55,0	8,1
Because I feel that I have to do it of my social worker	149	0,7	5,4	14,8	55,0	24,2

Annex 6: results of the regression analysis

	Dependent variables					
	Intrinsic motivation		Resilience		Coping	
	β	B(SE)	β	B(SE)	β	B(SE)
Norms						
Within the family	.129	.063 (.086)	-.503	-.461* (.181)	.041	.030 (.132)
Outside the family	.085	.040 (.080)	.446	.393* (.170)	.091	.064 (.123)
Friends	.279	.153* (.073)	.068	.070 (.144)	.106	.087 (.110)
Neighbours	-.215	-.116* (.055)	.024	.024 (.107)	-.158	-.127 (.082)
Cognitions						
Within the family	.101	.101 (.300)	-.292	-.546 (.556)	-.291	-.432 (.409)
Outside the family	.162	.104 (.197)	.151	.182 (.369)	.016	.016 (.266)
Friends	-.522	-.430 (.325)	-.072	-.112 (.581)	.062	.077 (.452)
Neighbours	.142	.098 (.189)	.289	.375 (.358)	.011	.011 (.267)
Social worker	-.097	-.054 (.078)	-.169	-.177 (.149)	-.199	-.164 (.110)
Extrinsic motivation						
	-.183	-.098 (.053)	-.021	-.021 (.098)	-.025	-.020 (.074)

Notes: β = standardized coefficients; B = unstandardized coefficients; SE = standard error;

* Significant (0.01 < p < 0.05)

Annex 7: representativeness

Distribution of sex in the sample and research population

	Male (%)	Female (%)
Sample	37,1	62,9
Clients of the welfare agency	45	55

(valid cases (N) = 151, missing values = 0)

Distribution of ethnicity in the sample and research population

	Native Dutch (%)	Immigrants (first generation) (%)
Sample	54,3	45,7
Clients of the welfare agency	32	33

(valid cases (N) = 151, missing values = 0)

Distribution of age in the sample

	20-39 (%)	40-59 (%)	60-69 (%)	70 or older (%)
Sample	27,2	29,2	13,9	29,8
Clients of the welfare agency	N/A	N/A	N/A	N/A

(valid cases (N) = 151, missing values = 0)